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THE

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AND

# JOURNAL

OF

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*(NEW SERIES.)*

VOLUME EIGHT,

[1st of JANUARY to 30th of MARCH,]

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THE

# MEDICO-CHIRURGICAL REVIEW.

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" Nec tibi quid liceat sed quid fecisse decebit
" Occurrat, mentemque domat respectus honesti."

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[NEW SERIES.]

## I.

*Malaria: an Essay on the Production and Propagation of this Poison, and on the Nature and Localities of the Places by which it is produced: with an Enumeration of the Diseases caused by it, and of the Means of preventing or diminishing them, both at Home and in the Naval and Military Service.* By JOHN MACCULLOCH, M.D. F.R.S. &c. Physician in Ordinary to His Royal Highness Prince Leopold. Octavo, pp. 480. Longman & Co. 1827.

THE subject of this Essay has undergone investigation, under various names, ever since the days of Hippocrates—perhaps from a much earlier period. Marsh miasmata—paludal effluvia—morbific emanations—epidemic constitutions—vegeto-animal exhalations—malaria, and other appellations, have been conferred on an invisible, intangible, undefinable—and hitherto unascertainable *something*, which has been only appreciated by its *effects*, but which is totally unknown in its *essence*. By a few visionaries, its existence has been denied, because its substance could not be demonstrated; but all men of sober sense and unbiassed observation have acknowledged, not only the existence, but the terrific power, of this invisible agent. The medical practitioners of our fleets and armies, from the melancholy and extensive experience which they have had of its influence in the production of diseases, where its operations have been on a large scale, bear ample testimony, in their writings, to the tremendous effects of this

scourge of the human race; but, we believe that no man has ventured to extend its influence to so wide a circle, or multiply its sources to such an indefinite extent, as Dr. Macculloch. For this, he will be deemed a visionary by many—perhaps by most medical men, who give themselves little trouble in such an investigation. In this Journal, he will find a stanch supporter, though not an idolater. We are in the habit of thinking for ourselves—and we believe we have had a field for observation somewhat wider than Dr. Macculloch has had. We shall freely criticise and freely commend—but always under the guidance of what we conceive to be public justice and public utility.

Dr. Macculloch will secretly acknowledge that he has ardently aimed at being *impressive*, and even *eloquent*. In the former object he has often succeeded—in the latter, seldom. With learning, science, and ample command of words, our author has been singularly unhappy in the construction of his sentences—a majority of which terminate as if something were wrong or defective, obliging the reader to reperuse them. Dr. M. will find that an elegant or eloquent sentence must never cost the reader a thought as to its meaning and import. We make this observation, because we think that the want of brevity and perspicacity will greatly circumscribe the range of utility to which this work might otherwise extend. We shall now proceed to notice the chapters in the order of their occurrence in the book before us.

## CHAP. I.—*Introductory.*

Dr. M. observes, that the existence of *malaria* has long been familiar to physicians, and even the vulgar, as the cause of intermittent fevers; but this is of little use, if the one class and the other are ignorant that, to this same malaria are owing the common fevers of summer and autumn, as well as a host of other and unsuspected diseases, as dysentery, cholera, neuralgia in various forms, nervous and dyspeptic affections—and, finally, what may be termed bad health. Dr. M. concludes, that one half, at least, of human mortality is owing to this cause. It does not, however, bear equally hard on all countries—nor at all times in the same country. In England, for instance, the death of a king by marsh fever would now excite some sensation—"yet thus died Cromwell, one among hundreds; the death, indeed, not without note, but its cause not esteemed out of the ordinary course of mortality." In England, observes our author, "that which has been diminished, has

not been extirpated." The fens of Lincoln are not the rivals of Walcheren—nor is Romney equally pestiferous as the Pontine Marshes. Still, as travellers, as merchants, as voyagers, and as soldiers, we are interested in the salubrity or insalubrity of all parts of the world, as well as of our own Islands. Dr. M. thinks we may take the average of life among ourselves at 50—in Holland, at 25—in some districts of France, at 22, 20, 18—so little is the chance of life.

"Let us turn to Italy: the fairest portions of this fair land are a prey to this invisible enemy, its fragrant breezes are poison, the dews of its summer evenings are death. The banks of its refreshing streams, its rich and flowery meadows, the borders of its glassy lakes, the luxuriant plains of its overflowing agriculture, the valley where its aromatic shrubs regale the eye and perfume the air, these are the chosen seats of this plague, the throne of Malaria. Death here walks hand in hand with the sources of life, sparing none: the labourer reaps his harvest but to die, or he wanders amid the luxuriance of vegetation and wealth, the ghost of man, a sufferer from his cradle to his impending grave; aged even in childhood, and laying down in misery that life which was but one disease. He is even driven from some of the richest portions of this fertile yet unhappy country; and the traveller contemplates at a distance deserts, but deserts of vegetable wealth, which man dares not approach,—or he dies." 7.

The above is a fair specimen of the better kinds of Dr. Macculloch's style and manner—we shall have occasion to point out some less favourable specimens as we proceed.

The walls of Imperial Rome cannot keep out this enemy of human life. It enters with the Roman into his chambers, and stalks through his streets—nay, "the hour is impending when the Eternal City will cease to be—when it shall submit to that fate, which has been the fate of proud Nineveh, and Babylon, the queen of nations."

Sicily, Sardinia, Greece, are grand seats of this destructive production, "while, in tropical regions, it is to fall by thousands and tens of thousands, the summer harvest of Death walking hand in hand with that of the vegetable world." England herself is far less exempt from malaria than she is supposed to be. Speaking of our participation, as soldiers, in the malaria of other countries, Dr. Macculloch rises into the sublime, or even the terrific.

"It is disease, not the field of action, which digs the grave of armies; it is Malaria by which the burning spirit, fitted for better things, is quenched, and in the coward's bed of death. This is the Destroying Angel, the real pestilence which walks at noon-day; and to which all the other causes of mortality are but as feeble auxiliaries in the work of destruction." 9.

Most of his readers will agree with our author, that "it is *not* the *field* of action which digs the grave of armies." The idea of a *field* digging a *grave* is more incongruous than that of a grave digging a field. If Dr. M. had substituted the *sword* for the *field* of action, the metaphor would have been highly poetical, and without any thing to shock the ear. We think these little incidental criticisms are fairly called forth, when we see a constant attempt at eloquence, and sublimity of ideas.

Dr. M. alludes to a characteristic feature in the moral character of those who inhabit malarious countries—namely, their firm belief in the healthiness of their native air and soil. Walcheren is instanced as an example. We can positively state that the inhabitants of Walcheren did *not* "repel with indignation the charge of unhealthiness which was brought against their beloved birth-place," by our troops on the late fatal expedition. We were there from the beginning till the end of the expedition, and can vouch for the fact, that the inhabitants considered the Autumn of 1809 as a very sickly season among themselves, and remarked that this was the case at intervals of various duration.

Dr. M. offers nothing new, when he undertakes to prove that the existence of a marsh is by no means essentially necessary for the production of febrific miasmata. Every naval and military surgeon knows, and many of them have demonstrated in their writings, that malaria will often arise from ground parched with heat—from the summits of mountains—the rocky bottoms of ravines—and the densest forests. We need not refer to the writings of Lind, Jackson, Blane, Burnett, Johnson, Dickson, Fergusson, Musgrave, and hundreds of others, for proofs of this assertion.

## CHAP. II.—*Nature of the Evidences respecting the Production of Malaria.*

In this chapter, our author is conscious that he is "compelled to resort to proofs of some delicacy, and to appeals to an experience, for which, be it received as it may, he must be very often himself responsible." We are disposed to grant him every degree of liberal indulgence on these delicate points. We agree with him that it is a fundamental fallacy in this case, to limit the power of producing malaria to those soils or situations *only*, where intermittent or remittent fevers are found to prevail. Such mistake, we grant, is very common in the minds of "imperfectly educated practitioners," of which, however, the number is rapidly diminishing.

This fallacy set aside, the real conclusion (observes our author) to be drawn is—"that, wherever *remitting* fevers, or fevers of *whatever nature*, that are *not* contagious, as well as dysenteries, are produced, the proof of Summer malaria is as complete as if the same soils had, in Spring, produced ague." With some modifications, we can have little difficulty in subscribing to this doctrine; for we have invariably maintained that all endemic, as well as epidemic fevers, were owing to something emitted from the earth—rather than to things generated in the air. This last is merely the vehicle by which the miasma is suspended or wafted about, like the mineral impregnation which mingles with the water of spring or stream.

The careful observer will often perceive that there are certain determinate places, without any marshes, where fevers are almost annually prevalent; while other places in the vicinity are almost wholly or nearly exempt. In the *former* localities, (Dr. M. avers) some one of the various circumstances of soil, hereafter to be pointed out as productive of malaria, will, on careful inquiry, be found.

A more delicate proof may be drawn, he thinks, from the fact, that some localities are known to be *unhealthy*, as compared with other neighbouring places.

"Thus it is a vulgar remark, that in certain houses or places, a family is rarely without some sickness; or, to use the strong but coarse language in which it is generally stated, 'that the apothecary is never out of the house.' It is almost equally familiar, that families, which had before been healthy, have become the reverse on changing houses or situations; as, in the opposite cases, that they have recovered health by change of residence. Of such facts as these, there is no observer who must not be able to recollect numerous examples." 19.

The laxity of reasoning among medical men, as to the causes of these local peculiarities, is strongly censured by Dr. Macculloch. But he should be merciful, and recollect that all men are not such acute philosophers as himself.

"To anticipate, but no more than is here necessary, what must shortly be said on the subject, if a gravelly soil is healthy, it is because its easy drainage prevents the growth of that particular vegetation which is the cause of malaria; and if a clayey soil is the reverse, it is because, by lodging superficial water, it generates, however partially, those marshy or undrained spots, or wet woods, or moist meadows, which are the sources of this poison, and, consequently, of the various diseases confounded under the vague term unhealthiness." 21.

It is to be remembered, however, that gravelly soils often contain spots generative of malaria; while large tracts of clayey

soil are often as dry, and, therefore, as healthy as the most porous ones.

Dr. Macculloch thinks that, if practitioners will attentively observe the phenomena presented in what are called unhealthy situations, they will find either annual fevers, or bowel-complaints, cholera, head-aches, periodical or irregular rheumatism of the face or head, tooth-aches, sciatica, tic douloureux, or other varieties of neuralgia, bilious affections, or some, or many, of what are vaguely denominated nervous complaints, the prevailing disorders of the said localities. And even if these should be absent, or the poverty or other circumstances of the people should prevent their making them known to the physician, still the sallow complexions, the languor, the irritable tempers, or the melancholy character, of individuals thus unfortunately situated, will, Dr. M. thinks, afford the observer sufficient evidence of the operation of malaria on the glandular viscera and general health.

Our author next adverts to a test of a very delicate nature, namely, the liability of persons, who have once suffered from malaria, to become again affected, when exposed to even a very trifling degree of the same. Thus, the sufferers of Walcheren are known to have experienced relapses in various parts of the world, and at various periods, after that fatal expedition. "Hence, therefore, when we find that such a person has experienced a renewal of his disorder, from communication with a place otherwise suspicious from its nature, it offers as convincing a proof as can be desired, that there, malaria is produced or producible." In such situations, the source of the poison may be so circumscribed, as not to affect people in common health; and this negative argument is often offered in favour of the local salubrity. Speaking of the unpleasant task of pointing out sources of malaria, Dr. M. observes.—

"My duty, as it is my design, is to make them known; let *he* (him) who has the power of convincing mankind that they have been in error, and that they are ignorant, undertake the other task. But time effects what man cannot; and hereafter, perhaps, an English gentleman will be as much surprised that his neighbour should dig a sleeping canal before his door, as that his feudal ancestor should have built his castle in a marsh, and inclosed it within a putrid moat.

"To suggest that he who does this is sowing the seeds of disease, that he may reap the fruit of fevers and apothecaries' bills, is to excite the smile of superciliousness or contempt; as he must long yet submit to be the object of both, who would try to convince mankind, that the pond which has been constructed for a few gold fishes, or the river which meanders through the woody valley, is a death-spring of diseases, or that the fevers and the tooth-aches which are the torments of his family,

the ailing wife, who is his own torment, and the sciatica which is the torment of his poorer neighbours, are the produce of a few bunches of rushes, or of a splendid display of waterlillies." 31.

We fear that there will be many who will look upon this doctrine as inclining a little to the visionary. Something must be allowed, however, for the style and ardour of language employed by the author. The matter should not suffer on account of the manner. Dr. M. considers, and not without probability, that the obstinacy of chronic diseases is often owing to the repeated application of their cause (malaria) rather than to any change of structure in the organs affected.

CHAP. III.—*Soils and Situations most productive of Malaria.*

This chapter is comparatively short, because it treats of localities, which are generally allowed, or, unfortunately, proved to be prolific of malaria. Marshes claim the first place, and salt-water marshes, especially in the warmer countries, are very properly considered by our author—and, indeed, by most other good observers, as equally pernicious with the fresh-water pools. The salt marshes of Dol, in Normandy, are notoriously productive of intermittents, so that scarcely an inhabitant escapes. The same is seen on the French shores of the Mediterranean—in the Adriatic—in Greece—Italy—Sicily—Sardinia—Spain, and a hundred other parts of the world, including both hemispheres of the tropics. Ever since the days of Sir John Pringle, indeed, it has been admitted, that an admixture of salt water with fresh augments the disposition to the putrefactive process, both in animal and vegetable matters. There is little doubt entertained by medical voyagers and observers, that the shores of coasts, and more especially of rivers, washed even by the sea-tide, are amply productive of the poison in question. The banks of rivers where palms and mangroves abound, have been always observed to give origin to bad fevers, fluxes, &c.

"There are few tracts in England more productive of a Malaria, which is even of a virulent nature, than Heron bay and the river banks in general about Reculver, where the water is salt, and the whole is covered twice in the day. The same, indeed, is true of so many parts of England, that the enumeration would be equally tedious and superfluous. Be the truth, however, what it may, in this case, it will be always the most safe belief to adopt the opinion, and to act on it; as the philosophical evil of the error, if it be one, bears no comparison to its value as a practical security." 39.

That woods and jungles, in hot climates, give origin to mi-

asmata of the worst kind, is well known to all medical men; but some doubt may be entertained as to their insalubrity in Europe. Dr. Macculloch, while he suspects the said localities, admits that he has no positive evidence which he is able to bring against them. He thinks there is strong reason to believe that close and wet woods generate malaria in this, as well as in the warmer countries of Europe. Certain woody districts in Sussex and Kent produce both intermittent and remittent fevers—at least there is no other assignable cause. The same may be said of some parts of Hampshire and Essex, as about Epping Forest, for example.

On the other hand, we have positive testimony that lands which were healthy when covered with wood, have become extremely unhealthy when cleared and cultivated. This has been often observed in America. It may be accounted for in several ways. The woods keep off the direct rays of the sun from the wet earth, and the trees may prevent the propagation of the miasmata through the air. When the woods are cleared away, and the earth turned up, the sun powerfully exhales the miasmata, and the winds waft them about in all directions. Reversely, it follows that the planting of trees will sometimes check the production of malaria, by protecting wet lands from the action of the sun. But it requires much circumspection in deciding on planting or clearing grounds with the view of rendering them more salubrious.

"To say that rice grounds are productive of Malaria, is equally to state a fact notorious to the whole world; while the causes, consisting in a succession of inundation and drainage, approximate them in character to swamps and marshes, however obscure the immediate operation of either in producing this poison may be. How extensively Italy suffers from this cause, it is quite superfluous to say; since the mortality in Lombardy, and elsewhere, arising from it, is matter of daily observation, even to the most incurious travellers. And the same is true of Greece and Sicily, as it is generally of Europe, wherever this grain is cultivated." 46.

Such then are the principal and undisputed sources of malaria, in the description of which it was unnecessary to be at all minute.

CHAP. IV.—*Of Soils and Situations less conspicuously productive of Malaria, or as yet unsuspected of it.*

This is the chapter which contains many views of the author which will, in all probability, be disputed by the critical tribe. We shall endeavour, therefore, to make our author as clearly understood as the limits of a review will permit.

To begin with a marsh or swamp. It is supposed that a certain *extent* of such locality is necessary to the production of disease. "This is an error; and it must be classed among the dangerous ones, as being productive of a false security." This is merely an argument as to the plus or minus of a poison. If a large tract of marsh produce a given quantity of malaria, this sum total must be an union of all the portions generated by its parts. And if, as is generally supposed, this poison be the chemical produce of vegetables acting on water, or water acting on vegetables, "then must every plant and fragment of a plant contribute its share to the deleterious substance." Dr. M. also observes that, as there is a certain analogy between malaria and the matter of contagion, and as we know that a quantity of the *latter* which is quite incognizable by the senses, and insensible to every chemical test, will produce its peculiar disease, so we have no reason to doubt the same effects from malaria.

"It would bear that analogy in this point, which it does to contagion in so many others, if a small quantity were as efficacious a poison as a large one; and there are reasons for supposing, practically, that this is the fact, since it is matter of observation, that a minute's exposure to Malaria, a single inspiration probably, and of a poison which must be far more diluted than contagions can ever be in the same circumstances, is sufficient to excite its fever, and, very notoriously, to re-excite it in those who are subject to that morbid sensibility derived from former or habitual fevers." 54.

From this and other matters of fact or observation, our author thinks he is justified in concluding that—"the quantity of malaria necessary to produce its peculiar disease or diseases, is undefinably small, and probably extremely minute."—Although we are inclined to give our author every indulgence in the investigation of such difficult matters, yet we are here forced to dissent from him on a most important and fundamental point. It is universally acknowledged that we are totally ignorant of the nature of marsh or human effluvium, and only know them by their effects. The observation of these effects would induce us to believe that the *quantity* of human contagion—for instance, of syphilis, small-pox, &c. is of little consequence, whereas the *dose* of marsh miasma is every thing. A man may stay twelve hours on the source of a most deadly miasma with impunity; but let him stay four or six hours more, and death will be his lot. This has been proved at Batavia, the Pontine Fens, &c. During the day there is little danger; but in the night, the poison is almost certain of its victim. To the following passage we must also object.

"Could this admit of doubt, or should those who have made no observations, or who are incapable of observing, choose to deny the well-known facts now alluded to as evidence, it would be proved by the great distance to which Malaria travels through the air without losing its poisonous quality. Not to dwell here on examples which must be adduced hereafter, it is quite familiar that from any known and often very limited spot, this poison will proceed through the air, or on the winds, to distances of three or four miles, exciting as much virulence as in its native marsh. This, to quote a familiar domestic example out of hundreds that might be adduced, occurs on the hills of Kent, far from the marshes of Erith, Northfleet, or Gravesend; and it is easy to see that whatever was the body or quantity of Malaria in the original place of its production, or whatever portion of atmosphere it occupied over the few acres by which it was produced, it must often, in such a course, have been diluted to a degree so incomprehensible, that while we can only wonder how it should exist at all as a distinct substance, or a chemical compound, even more must we be surprised that it should be capable of producing its peculiar diseases, with an activity as great, and often greater, than it did at the very point of its birthplace." 55.

How does the above comport with the well-known fact that our ships moored close along the banks of the Scheldt entirely escaped the fever, while the soldiers quartered within half a cable's length of them were all affected with the endemic? The same has been observed in hundreds of other places. We do not say that miasmata are not carried along by the winds; but we do maintain that they are *weakened* by the dilution, in as nearly a ratio to the distance carried as possible. How is Dr. M. certain that the hills of Kent do not generate miasmata, seeing that hills in other parts of the world are not exempt from such productions? Nothing is more common than marshy spots and even stagnant water on the tops or declivities of hills—while at their bases, springs of water and plashy grounds are invariably found. The marshes of Erith, Northfleet, and Gravesend, may not then be guilty of producing fevers on the distant hills of Kent. We doubt whether the following conclusions will be admitted by the professional public, although Dr. M. seems convinced that he has reduced them to a kind of arithmetical certainty.

"The conclusion is obvious; and there is nothing in it which seems to admit of dispute, since it is almost a question of arithmetic. If the produce of a hundred square feet, or acres, or of any scale and number of parts, can, under a dilution of one thousand or ten thousand times, excite disease, then must, in the inverse ratio, the produce of the one-thousandth or the ten-thousandth portion of that space be capable, before dilution, of producing the same effects; or a single blade of grass acting on water (if this be the cause) may be as efficacious as an

acre; supposing, of course, that it is actually applied to that part of the body which can suffer from its action." 56.

Dr. M. next proceeds to an analysis of what a marsh or swamp is. This varies much in its obvious aspect, according to the nature of the plants which form its vegetation—these last being considered, however diversified in kind, as mere vegetables, living or dead—since we do not know that the different kinds of vegetables make any difference in the kind of miasmata, though this is not improbable, considering the great variety of elements which enter into their composition, and the different actions which they induce in the animal body. This, however, is all conjecture, and we must trust to future investigation of the subject.

"But to pass from this; the essential character of all marshes and swamps, as far as we yet can decide, is, that the land should be partially inundated, that it should be dry in some places and wet in others, or that pools and dry spots should be intermixed, or that it should be boggy and soft from the mixtures of earths and decayed vegetables with water, or that it should be subject to peculiar alternations of moisture and dryness, sometimes amounting to absolute inundation in the first case." 61.

Dr. M. remarks that the miasma in question is not produced "by the mixture of decomposed and subcarbonized vegetable matter and water, since it is notoriously not produced by dead peaty bogs, or by *peat which carries no vegetation.*" If Dr. M. had been locally acquainted with some of the immense bogs in Ireland and Scotland, he would know that, on their surface, in the Summer time, there is the most luxurious vegetation, most part of which decays and dies in the Winter—yet *there*, an ague or intermittent of any kind is rarely seen. In such localities, then, there is abundance of living vegetable matter in contact with water during the Summer—yet no miasmata are generated. In Winter, the vegetation dies—and still no morbific effluvium is generated. The conclusion which we would draw from this circumstance is this, that, during the *Summer*, the surface of peat bogs is all *life*, and consequently the pabulum of miasmata does not exist—while, *in Winter*, when the decay or death of vegetation takes place, the *temperature* is unfavourable to the production of the said malaria, and thus the people residing on or near these bogs are fortunately preserved from any insalutary influence.

Recurring to the case of marshes, our author labours to shew that this peculiar contact between a living vegetable, or a vegetable in an incipient or somewhat advanced state of decompo-

sition, and water, does take place in many situations that are not marshes, in the popular, or in any sense of the word;—and, consequently, (if this be granted) that a thousand places hitherto unsuspected, are capable of exciting the disorders which result from malaria.

"Now, that this peculiar state of vegetation, not only as to the appearance and character of the soil, but as to the mode of growth and death, and the very nature of the plants themselves, does occur in numerous situations that are not marshes, is the point to be proved, and is a point indeed that will require no proof to almost the most superficial observers; no proof assuredly to botanists, whatever it may to medical men; not often even to the observant inhabitant of the country, whatever it may to the limited man of towns and cities. If the botanist will recognize the spots in question by the nature of the plants which attach themselves to such soils, if the growth of an Iris, an Equisetum, a Hydrocotyle, points out to him what the farmer sees, though less acutely, in tufts of rushes, or traces by the coarseness of the pasture or the canker of a tree, it is the latter who will know every spot of land about him which asks for drainage, where he to whom these pursuits are strange, will seek in vain, even should he, as a physician, be engaged in investigating this very question in a medical view." 64.

It is a popular opinion, he observes, that the rushy pools and petty swamps so common in high moorlands, are innocent. The fact, he avers, is not so. He has seen intermittents in Wales, and at considerable elevations, in those very situations. The following is an example.

"A considerable body of labourers were employed in excavating a pond on a moor of this nature, situated about a thousand feet above the level of the sea; and in the course of the work, within a very short time, nearly one half were incapacitated by the ague." 67.

Dr. M. is convinced that the minute marshy or swampy spots which occur in thousands of low situations, whether on commons, near woods by road sides, or in innumerable other places where they scarcely or never attract notice, are similarly productive of malaria, though their limited range of action generally renders their power in this manner insensible, unless when houses happen to be erected in their vicinity. In how far meadows are capable of producing malaria, he is not completely able to say. Being often intersected by drains and ditches, the miasmata may be generated by these last, instead of by the including land itself.

"I cannot hope to clear this question by an exact definition; but, taking the term in its usual lax sense, it appears unquestionable that there are many tracts of meadow, or of alluvial land, not marshy, and

often not intersected by ditches, at least in a conspicuous manner, which are the sources of Malaria all over Europe." 69.

Such, he observes, is the case with the alluvial tracts at the entrances and sometimes at the exits of the lakes of Switzerland and elsewhere, and in places innumerable where there is no proper marsh, nor even an approach to such a character, but where the prevalent diseases must be owing to malaria.

Volney, who could have had no theory to support, has averred, while travelling through America, that every valley in the countries which he visited, produced the fevers of malaria, enumerating among the sources of this poison, not only marshes and woods, but rivers, mill-ponds, &c. Reverting again to the subject of meadow land, Dr. M. observes, that a fruitful source of miasmata may probably be found in "that drying, during Spring and Summer, which follows the moist or wet condition of such meadow lands, as they are left by the Winter rains." A striking example is given in the lands about Fontainbleau, at the junction of the Yonne and the Seine, notorious for the "*fiévre du pays*," so injurious that few escape intermittents or remittents over a considerable tract, for which there is no other ostensible cause but the meadow lands, which are inundated or soaked in Winter, and exsiccated in Summer. Wherever, therefore, the temperature be sufficiently high, he thinks this will be found a productive source of malaria in all countries.

If some great tracts of meadow land in England have been recovered by drainage from a state of marsh, and are now as dry as the ordinary low lands of plains and valleys—and if these localities still produce malaria and its consequences, it is another point of evidence against the salubrity of meadows generally.

"This is true of the meadows which border the Thames, not only beneath London and through their whole extent, but above it; which, though often retaining the name of marshes, because once marshy, are now as dry as the common meadow lands of inland vallies and plains. It appears to be the fact also in many parts of Cambridgeshire and Essex, and, among others, in the vicinity of Waltham Abbey; as it also is in Kent, in the Isle of Thanet, in Somersetshire, in Lancashire, in Huntingdonshire, and far more commonly indeed than it is necessary or convenient to enumerate. Thus it also was, even in the Carse of Gowrie in Scotland, until that great tract of alluvial meadow was brought into universal cultivation; and this may perhaps serve to prove that the meadow land itself, and not the ditches, was the cause, because the latter remain, while the grass has been succeeded by almost universal crops of grain. And it will be found, in confirmation of this, in France and

in Flanders, and probably far wider than I now know, that where tracts bordering the same river, or in any other respect exactly similar, whether in soil or situation, are, respectively, cultivated with grain or kept in grass, there the production of fever or of Malaria is correspondent; occupying the uncultivated lands so as to produce what is popularly called the *fièvre du pays*, as if it was a necessary part of the order of things, and flying from those that have been ploughed for a grain cultivation." 75.

Dr. M. observes, that it is a rooted opinion in England that there can be no malaria on the banks of a running stream. As far as mountain torrents are concerned, this is probably true; but, where rivers slowly meander through low grounds, we must not trust to the mere motion of the water. We know, indeed, that the banks of rivers, in hot climates, are truly pestiferous. In those portions of rivers where the tide of the Ocean reaches, as, for instance, along the Thames as far as Richmond, Dr. M. thinks that malaria must be generated by the exposed mud, at each recession of the tide.

"Whatever doubts may still exist as to rivers in general in our own country, in this case, there is no reason whatever to doubt that such streams as the Ouse, the Lee, and all others flowing with similar difficulty through fertile meadows and with a flat vegetable margin, are productive of Malaria, because the diseases which attend it are common in all those situations." 79.

Dr. M. considers those small streams which flow through gentlemen's grounds "almost like artificial canals," bordered by thin and grassy margins, as productive of disease, however the popular opinion may be against such insalubrity. The same observation applies, *à fortiori*, to canals, which are intermediate between a sluggish river and a stagnant pool, their margins possessing, or being capable of possessing, all the essential qualities of a marsh, "as a diminution of their waters may expose mud impregnated with vegetable matter." This, the Doctor observes, is the point which we must always have in view—"it is the analysis of the whole question."

"If it is not putrefying mud, it is the marshy spot, the peculiar vegetation, or death of vegetation, carried on at a certain point of vacillation between earth and water, which is the generative cause; and, while this may exist in a hundred different characters of ground or situation, and while further it is not essential that bulk or space should be present, it is easy to see that the business of investigation is, in reality, reduced to a very simple principle; for those, at least, who are gifted with the powers of observation and generalization. Let this fact be ascertained by a due examination of any spot, and the probability, at least, of Malaria is established: let it further be ascertained that certain

diseases do belong to those situations, taking care also to prove that they are endemic or local, and the fact of its production is determined." 82.

Our author again passes in review the insalubrity of canals, ditches, drains, privies, moats, &c. Speaking of the late fatal endemic which scourged the unfortunate inmates of the Millbank Penitentiary, he says:—"not the slightest doubt ought for a moment to have existed, either with respect to the cause or the disease." A remedy, he remarks, was sought "by letting in that malaria which it should have been the object to exclude or else destroy." The ditches surrounding fortifications afford our author, of course, ample field for supporting his favourite doctrine—especially the fortifications of the low countries. The following passage in respect to lakes, is not devoid of interest.

"But it must also be said in explanation, (a view which is important, as it concerns all waters of this nature, even to pools,) that in France, it is supposed that the Malaria is not solely produced by the vegetating marsh, but is disengaged from the mud which the summer leaves dry, (a fact which I must notice again) and that it also escapes from the bottom and through the water, accompanying the air which is so notedly extricated in those cases. And in confirmation of this, it is said, that while such pools retain a considerable depth of water, or whenever their banks are steep, no Malaria is produced, but that it appears in the reverse cases, or, either on the diminution of the water in depth, or on its retiring from the shores. The same facts, I should observe, have often also been noticed in the West Indies; while a very strong case, illustrating this particular cause, is stated by Senac, in France, where, in a town previously unaffected by fevers, a violent epidemic was produced, in consequence of an unusual evaporation which exposed a large portion of the bottom of a lake. From these facts it is an obvious inference, that in warm climates, at least, whatever may be the case in our own, tranquil or stagnant water is unsafe in any form, and that a vegetating margin is not rigidly necessary to its pernicious qualities; though it cannot be doubted that the evil is materially diminished by cutting off this additional source of Malaria." 98.

It appears that the present alteration in the canal of St. James's Park, is the suggestion of Dr. Macculloch—but the Doctor's fears are far from being hushed by the amendment which he proposed—"since it is notorious for the abundant produce of aquatic plants, causing in Autumn an even insufferable stench."

"Whether the pond in St. James's square also, forming so refreshing a receptable for its statue, claims the same English exemption or not, must be decided by Monfalcon; as I am not courageous enough to

think that such an Italian substance as malaria can exist in the center of the English capital." 101.

Dr. M. remarks, that "to prove that mill-dams, though transmitting large streams, ought to be injurious, from the frequently marshy nature of their margins, would be to repeat what has been said before, respecting the *priori* proofs on this subject in general." About the iron district of Glamorganshire, he informs us, there are numerous large mill-dams, for the supply of machinery; "and there is not one of these, in the lower grounds, which is not notoriously attended by the endemic ill-health of all the immediate residents and visitants, consisting in the diseases already mentioned." Of these, neuralgia, he states, is a very common form. These local exceptions to the general health of the surrounding hills and dry places, are peculiarly remarkable, and have attracted the attention of the inhabitants themselves.

As it is incumbent on medical men to attend to medical topography, and thus to put the doctrines of our author to the test of experience, we shall dwell more on localities than we otherwise would have done, in order to excite the attention of our readers to this important subject of investigation. A mill-dam, he says, at Southend, near Lewisham, affords a striking example, though on a small scale, while it is also an instance applicable to fish ponds, and other kinds of still water similarly circumstanced.

"Here the poorer inhabitants in particular, are notedly subject to intermittent as well as autumnal fever, while they bear marks of glandular visceral affections, and are reported to die of the consequences of those disorders. To have seen the fit of intermittent invariably produced in a susceptible individual by an approach to this pond, hundreds of times, and always within a stated distance of time from the approximation, completes an evidence which cannot be controverted." 105.

In farther illustration, Dr. M. instances the valley of the Ravensburn, with the communicating low lands, including the villages of Lee and Lewisham. There is a peculiar physiognomy, he remarks, attached to all such places, which renders it easy to distinguish them.

"I may here add another instance, from the mill dam of a paper mill in Hertfordshire; after the formation of which, the workmen became subject, in a most serious degree, to remittent fevers, which were, before that, unknown; and as the ground in this particular instance resembled that of an ornamental park, as did the water itself, it may suffice to prove what I have advanced on that particular subject; although it would be easy to confirm this by analogous instances adduced from many of the dressed pleasure grounds ornamented by water, which skirt the

Thames, near Walton and Chertsey, and which occur also in a hundred other places: the produce of a well known improving gardener, or else of his progeny; to the demerits of whom, as the sources of an endemic disease of English landscape, far, very far yet from being extirpated, an eruptive contagion blotting our fair island, it is no small addition that they have, in founding ponds which their vanity mistook for rivers, and in converting rivers into Dutch canals, brought the intermittent to our doors under cover of the breeze of the violet, and formed pest houses of fever where we study to retire for coolness from the heats of the autumn. This is to manufacture a Batavia, in defiance of nature; to court disease through deformity and expence; the evil less, it is true, but of the same kind, and incurred as certainly." 106.

The above is another fair specimen of the style and manner of our author, where he aims at being peculiarly impressive through the medium of unconscionable sentences—a single one of which just occupies *a page* of the original work in the foregoing quotation.

Dr. M. here instances a spot in a high, and formerly healthy part of Hampshire, where a clear and quick stream was dammed up, not long ago, for ornament and use. The immediate consequence was, the production of evening mists, before unknown —and the result was, autumnal fevers. Dr. M. never lets an opportunity slip of levelling a sarcasm at the *country apothecary*, though a better acquaintance with that class of medical practitioners would have taught him, that they *think* just as much as, and probably more than, their brethren in towns and cities.

"A French or an Italian *physician* would be at no loss here in deciding; but the *English apothecary*, having no term but typhus for a destructive fever, decides accordingly; never questioning himself as to the origin of the contagion of which he dreams, nor ever recollecting to wonder why it should not spread to the attendants, when the patient is covered with petechiæ; and thus the public goes on, creating more mill-dams, more fish-ponds, more fictitious rivers, and, after the models of Brown, more fevers." 107.

We are not among those who flatter, for base purposes, one class of the profession at the expense of another. There is a mixture of ignorance and intelligence in every class—and all sweeping conclusions, that would represent one class as dolts and another as angels, are necessarily unjust, as well as ungenerous.

Here our author quotes an instance, (doubtless in his own person) where the recurrence of an intermittent fever, in a susceptible subject, was caused repeatedly, "*by merely entering a*

*garden, containing a pond of the fashion of King William's day, dedicated to gold fishes and river gods.*"

With such a rare degree of delicate susceptibility, Dr. M. would prove a most valuable miasmometer, and as such, might render essential service to the government, as well as to families, in ascertaining the salubrity or insalubrity of various localities, before they are selected for public establishments or private residences. Dr. M. relates another instance, which happened at Woolwich. There was a small pond occupying an old gravel-pit on the common, close to a house belonging to the late Dr. Hutton, and occupied by General Stehelin —its whole extent being but a few square yards. It was remarked for a long course of years, that the inhabitants of this house were perpetually harrassed with agues; and it was not until this pond was destroyed by improvements in the Common, that the disease disappeared—for ever. Dr. M. has no doubt that the occurrence of ill health, in numerous places where the gravel pits of commons are filled with water, is the consequence of this very cause; and that, in reality, those situations about London, &c. so often selected for the supposed salubrity of their gravelly soils, "are very general, and not less unsuspected causes of ill health." What will the rosy-cheeked inhabitants of Putney-heath, Wimbledon, and Hampstead, say to this? There is no doubt, however, that, in all these places, *agues* have actually shewn themselves this very year (1827); but then the said complaints have prevailed in every county of England, and in almost every street of London. There is something more, in our humble opinion, than stagnant water or decaying vegetables to be taken into account in explaining the production of epidemics. We apprehend that Sydenham was not far wrong, when he suspected an invisible morbific agent, springing from "the bowels of the earth." Still there can be no doubt that the causes forming the subjects of investigation in this Essay, do ordinarily work the effects ascribed to them by Dr. Macculloch.

To the inhabitants of London, our author could easily point out numerous places, even in their own vicinity, illustrating these several causes, but the remarks already made will enable every medical man at least, to investigate the topography of his neighbourhood—his autumnal practice being a good index of the quantum of malaria disengaged from the soil at the time.

It has often been noticed, in various parts of the world, that the breaking up, for the first time, of pasture lands, is attended with sickness. The evidence on this head is as abundant as it

is unquestionable. Volney, Nash, and fifty other authorities, might be cited in proof.

"Why this should be the fact, if it cannot be very precisely explained, is not at least more difficult than most of what else belongs to this subject; since there is a quantity of vegetable matter killed, and therefore submitted to decomposition; and it would be well worth the trouble of those whose local situations give them the means, to inquire whether this, and many other analogous agricultural processes, now little suspected, are not the causes of the fevers which sometimes appear in rural situations in such an inexplicable manner, when these cannot be better accounted for by stagnant waters of various kinds, or by such neglected spots as I have here been pointing out. The remark is of value, be the solution what it may; because the remedy will be found in breaking up such lands in June, or in May, if the summer be the necessary period, or, what is preferable, in the middle of winter; since the decomposition will then take place at a time in which experience has shown that Malaria is scarcely generated in our own country, nor indeed, generally, in Europe. In the case of lands recently recovered by drainage, this precaution is peculiarly deserving of attention, because in this case the danger is greatest; and the same is equally true of woods, the mere felling of which sometimes disengages or produces Malaria, as is a much more certain consequence where, as in America, and as I have elsewhere noticed, these woods are broken up for cultivation." 113.

The same observation applies to drainage as to tillage. A swamp may be too wet to produce miasmata—and a certain drainage may just bring it into that state which is peculiarly favourable for the extrication of the unknown poison. This appears to have been the case with the Campagna di Roma, as far as the facts can be ascertained by comparing the different accounts of Italian writers. The most pointed instance, however, is that of the marsh of *Chartreuse*, near Bourdeaux. A succession of bad fevers, before unknown, shewed themselves immediately after the drainage of the above marsh, first in that part of Bourdeaux which lay nearest to the land reformed, and afterwards through the whole of the town. These fevers lasted for many years, and proved so severe in 1805, that 12000 people were affected, three thousand of whom died in five months!

"It is not difficult to understand that a swamp in which the water is so deep as to impede the growth of as many plants as a drier surface would carry, will produce proportionally less of the poison in question; and that a similar diminution or under proportion of Malaria will attend such a tract of land if it should contain many pools or spots divested of all vegetation. In such a case, we can conceive a certain state of drainage, such as to increase the vegetating surface, without being at the same time complete enough to check the production of Malaria; or a small

quantity of poisonous marsh might thus become a large surface of wet and noxious meadow land." 115.

Dr. M. touches on the obvious difficulty resulting from the well-known fact that malaria, as ascertained by its consequences, does obtain in some places perfectly dry and gravelly. Our author says that, before we admit this to be a fact, we should be very certain that, in these instances, the malaria is not transported from other places—or that, in such dry places, there are not ditches and drains left from the operations necessary in rendering the ground dry. This does not, in our opinion, clear up the difficulty, as there are unhealthy places where none of the latter exist, and where there is no ostensible source of morbific effluvium within any reasonable distance.

In a chapter respecting some anomalies and inexplicable instances of salubrity and insalubrity, we were rather surprised to read the following passage:—

"But there is one mystery for which I can conjecture no solution, while it rests on great authorities, and while every imaginable circumstance is present that ought to render the land in question one of the most pestiferous spots under the sun. It is a collection of jungles and woods and marshes and rivers and sea swamps, and it is a flat land under a tropical sun, and it is the land of monsoons; and yet it is a land where fevers are unknown. And this land is our new settlement of Singapore. I dare not attempt to controvert such testimony, and must try to believe what I cannot understand: but others may, for aught I know, be inclined to suspect that some favouritism, not perhaps inexplicable, has dictated this report." 138.

We can relieve our author from the dilemma in which this new settlement has thrown him:—Sincapore is *not* a collection of jungles, woods, marshes, rivers, and sea-swamps; but a cluster of high rocky islands, in the midst of an azure sea, and under a sky that is seldom darkened by a cloud. There are no marshes or swamps in the neighbourhood, and the change of the monsoons is not marked by those storms and tornados which occur in other parts of India. The straits of Malacca and Sincapore were always looked upon as the Montpellier of India. Dr. M. may therefore consider that one of the horns of his dilemma is broken off.

Our author next proceeds to notice certain other sources of malaria than marshes or marshy grounds; and among these the putrefaction of vegetable matters takes a leading rank. The first instance quoted is the process of soaking hemp and flax, the offensive nature of which is well known.

"Of pointed facts beyond number, related both in France and Italy,

we find in Lancisi, that numerous severe epidemics in the latter country have been traced to these operations, and, among the rest, a noted one at Ferentino, and another at Orvieto which lasted many years. In the former country, out of similarly numerous cases, severe intermittents broke out in the plain of Forez in 1823, after October, (a very rare occurrence,) and were traced to this cause; and we have the assurance of M. Bourges, that it is invariably pernicious, while he describes one very marked case where fevers occurred in a dry, sandy, and otherwise healthy and elevated situation, being regularly renewed with the steeping and drying of the hemp, and disappearing when that season was over." 141.

In Germany, where this manufacture is extensively carried on, it has been often proved that fevers, and those of a very bad kind, are the result :—a fact which, Dr. M. thinks, tends to establish an opinion elsewhere broached, that the nature or severity of fever may be considerably dependent on the nature of the particular malaria, or the quantity in which it is applied. A more accurate train of investigation, he thinks, may probably detect many sources of malaria, of this kind, of which we do not now dream—as, for example, in garden dunghills and the like. He attaches some suspicion to the decomposition of the wood of casks in which water is kept on long voyages, or on shore. He sees no reason to doubt that the wood, in such instances, should generate malaria by its decomposition, as well as the woody elements of herbaceous plants in general. The same suspicion attaches more strongly to bilge water—especially where there is a mixture of various matters in the ship's hold, as, for instance, where there is a leakage of sugar. The writings of Bancroft, Dickson, M'Arthur, and others, have completely established the important fact that fevers of the most malignant kind have been generated by the action of water on various materials in ship's holds.

Among the intricacies and difficulties attending the investigation, our author has appropriately placed the comparative healthiness of ancient and modern Rome.

" The ordinary conclusions of natural history will determine, in the first place, that the site of Rome, as well as the surrounding country, must, at its foundation, have been a tract of woods, lakes, and marshes; and, that such a territory must have been productive of fevers, appears an inevitable consequence. In spite of this, the city flourished and increased, while the surrounding country was also filled with a population distributed in hamlets and villages. The plain of Latium for example, which is now a desert, was, at that time and long after, rich and populous: and thus also the lake of Castiglione, now infamous for its pestilential air, was the seat of a powerful city which long resisted the arms

of Tarquinius Superbus. The ancient Latium was situated near a marsh which is now one of the most destructive spots in this district; and the Romans erected baths beyond the Anio, in a place which is, at present, too hazardous even to be visited. The Lago di Giuturna was a favourite spot with the ancient Romans; yet in later times it rendered Castel Gandolfo uninhabitable, and was therefore drained in 1611, by Paul V. In the time of the Volsci there were twenty-three towns and villages in the Pontine marshes, of which Ardea and Lavinium were two. But as it is unnecessary to accumulate more of these specific facts, I shall only further remark, that history confirms what might have been inferred from general considerations, namely, that the country round Rome was in ancient times interspersed with what were called lakes, and which were, in fact, chiefly marshy pools; as must necessarily be the character of accumulated water in a country of such a form and distribution. And these tracts, which were then populous and flourishing, are now uninhabited deserts; although the lakes and marshes have comparatively disappeared, under different attempts at drainage, attended by various success." 165.

In respect to the Everlasting City itself, at that early period, the facts are similar, and the conclusions not less puzzling. The whole site of ancient Rome formed, as can scarcely be doubted, "a focus of malaria and fevers." Yet the city, as well as the surrounding country, increased rapidly in population. Thus the first census by Servius Tullus produced 80,000 citizens capable of bearing arms—while we find that Ardea alone, which now reckons 600 inhabitants, was then able to raise an army sufficient to resist Rome, and also to send a colony to Saguntum. Ostia, now inhabited by a single innkeeper, became a flourishing city soon after its foundation by Ancus Martius. These are some of the puzzling facts which history has left us to unravel. Whether the production or the virulence of the malaria has increased in modern times—or whether the ancient inhabitants had means of resisting its influence which the moderns have not—are the questions which remain to be solved. It cannot, our author remarks, be safely asserted that at any period of the history of Rome, the city and neighbourhood were free from malaria and its consequences —indeed there is strong reason, he thinks, to believe that it was as poisonous then as it is now—"though the apparent effects or the political consequences were less severe."

"It may be thought indeed, that as to some parts of this district, if not to all, the evil has really increased in modern times, not solely from the decay of agriculture arising from that injudicious political management as to corn laws, so often blamed, and from other analogous causes as often discussed, but from geological changes as to the form of the land itself: and of such facts and their consequences, to a certain extent,

there seems ample proof. The joint action of the sea and the rivers will, in the case of the Pontine marshes, easily explain a change on this important point, fully adequate to an increase of the evil: and reasoning of an analogous nature may be applied, under modifications, to more inland districts."* 167.

Dr. M. thinks it not unimportant to remark that, as stated by Theophrastus, the plain of Latium was covered, especially towards the sea, by forests of laurel (bay) and myrtle of such a size as to be used in ship-building—"constituting, doubtless, screens to protect the country from the pernicious southern winds, and to check the propagation, if not the production of malaria." Dr. M. thinks the ancients well knew the value of this expedient, and that much of the evil was thereby warded off—hence the sacred character of groves, and the heavy penalties denounced against those who destroyed or injured them. This explanation we cannot help looking on as very fanciful. It is highly improbable that the Romans, at that time of day, knew much of the nature of marsh miasmata, or the means by which these mysterious agents could be counteracted or avoided, notwithstanding the observation of Pliny that groves absorb and destroy mephitic vapours. We think there can be little doubt that great changes in the climate (we mean territorial) of Rome and its vicinity have taken place within the last two thousand years. We see places entirely changed in the degree of their salubrity or insalubrity, within the short space of a few years, of which we may instance Prince of Wales' Island (in the Straits of Malacca) and St. Helena, in the middle of the Atlantic. Both of these places became very unhealthy a few years ago, though previously they were the refuges of invalids on account of their peculiar salubrity.

The first great territorial change in the Roman vicinity appears to have occurred after the invasion of Attila, when the Tiber broke loose, and the Campagna became a marsh. The

* When we contemplate the millions of myriads of human and other living beings which have mingled with their mother dust in Rome and its vicinity, since the days of Romulus and Remus, it is not a very extravagant flight of fancy to imagine that almost every particle of earth under the feet of the present inhabitants, has been once endued with animal life, and therefore that the vegetables on which the Romans feed spring up from, and are nourished by the ashes of their forefathers! There is something in the thought which makes one shudder, and suggests a faint idea that Nature herself affixes an ultimate limit to the congregation and residence of huge multitudes of human beings in any one spot of this earth's surface, however favoured may be the locality in all other respects. The fond aspiration of "ESTO PERPETUA," then, is one of the many "vanities of human wishes," at which Nature smiles, and disperses in empty air!

drainage was renewed under Theodoric; but, on the expulsion of the Goths, this tract was again neglected, and fell back into the same state. Various attempts were subsequently made on the Pontine Marshes, yet with little success. But, whatever may be the difference between ancient and modern Rome, in the degree of insalubrity, there can be no question that malaria prevailed at an early period, as well as at present. Solinus and Dyonisius inform us, that the first settlers were obliged to abandon the Palatine Mount, in consequence of the pernicious exhalations of the Velabrum; and Columella states, that the land near Tusculum, cultivated in the first Punic war, was pestilential—"the malaria of that tract being probably produced by the present Lago di Castiglione." Dr. M. thinks it probable, that the larger proportion of the pestilence described by the Roman writers, were unusually severe visitations of the marsh fever, though it is not impossible that some of them were contagious diseases. Livy informs us that, in the short period of 173 years, viz. from 287 to 460, A. C. there occurred nineteen distinct plagues, none of them at longer intervals than seventeen years, and some lasting two or three years together. This fact alone, says Dr. M. renders it impossible not to conclude, "that the *fever of malaria* must have prevailed then in as great severity as it does at present." We do not see this inference so clearly as our author. The nineteen distinct visitations, with intervals of seventeen years or so, look more like contagious diseases than malarious fevers. Why the long intervals? Why the continuance of an epidemic for two or three years? These are not the characteristics of the modern malaria of Rome. Rome is healthy in the Winter and Spring—sickly in the Summer and Autumn. But when a contagious malady enters a city, or is generated therein, we know not what may be its duration. Dr. M. does not seem to contemplate the possibility of a disease becoming contagious which had arisen from malaria; yet there are few facts in medical science better established than this. It is a phenomenon, too, which explains many things that are otherwise inexplicable.

In the time of the Republic, we have the direct testimony of many writers, as to the existence of malaria. Cato mentions places where it was impossible to live, on account of the badness of the air; and Livy speaks of tertians and quartans. Varro, with more of the jew than the philosopher about him, advises the proprietor of an unhealthy farm to sell it at any price. The early and continued attempts at drainage render it highly probable that one object, at least, was to improve the salubrity of the soil.

Our author hazards a conjecture as to the cause of the great difference in the extra-urbal population in ancient and modern times. He remarks that, in the same soil, and under the same degree of drainage, a tract of land under the plough is less injurious than in pasture or meadows, "whence it is possible, that the greater salubrity of ancient times was an effect of a cultivation, forced or demanded to a greater extent by the superior political condition of Rome at that time." This is extremely probable; while we may bear in mind, that the ancient Roman population was in a state of wealth and power, which would always attract multitudes from the four quarters of the globe to fill up the vacancies caused by disease. Thus, although Egypt was never without its plagues and its fevers; yet a vigorous government and an industrious people contrived to maintain, in spite of them, a condition of population and wealth which has failed only under the more exterminating malaria of Turkish ignorance and despotism. The same reasoning will apply to Venice, which is fast hastening to the same fate. It was long noted, even in modern times, for its peculiar salubrity; but "is now rapidly undergoing a depopulation, in which disease, formerly unknown or unnoticed, is taking its share."

The sixth chapter of the very interesting work under review is dedicated to the consideration of those revolutions and changes which take place with regard to the production of malaria. Many of the topics, however, have been more or less anticipated in the preceding pages. The simplest and the best known case of diminution of malaria, is that which arises from the drainage of marshes, swamps, and fens. To this measure, both governments and individuals have always had recourse—and this is the great change to which we must attribute the improvements of our own island, as well as of many other countries on the Continent. In tropical climates, little has been done in this respect.

"It is from casual reading of various kinds indeed, that we must ascertain the prevalence of fevers and intermittents during the ruder periods of our history; but when we can, by receding upwards from our own time, discover a gradually greater prevalence of such diseases, and when we find the melioration, reversely, following very accurately the progress of agricultural improvement, the whole conclusion appears to be amply justified." 181.

The local instances are innumerable. The agricultural improvements in Lincolnshire, for example, have been closely followed by a proportionate diminution of the diseases of malaria. But, in low countries, the drainage is difficult, and although the insalubrity is lessened, it is not annihilated. This is the case in

Lincolnshire, Holland, and many other places. Indeed, the drainage may obviously be sufficient for the purposes of agriculture, but ineffectual for the eradication of malaria.

The overflowing of rivers reverses the scene, and gives an increase to the production of malaria. And here our author offers a very ingenious and satisfactory reason for one mode of the said increase at the embouchures of rivers. It is this. All rivers bring down more or less materials from the mountains and countries through which they flow. These debris or alluvia are deposited at the mouths of the said rivers, and, by raising the bed of the stream at this place, cause occasional inundations of the neighbouring grounds, and thus lead to the formation of embankments. But the bed of the river still continuing to rise, the adjacent grounds at length become considerably below the level of high water, and then drainage becomes more and more difficult, with a proportionate increase of malaria.

"Thus they tend to raise the water in its bed, and, consequently, to cause it, on any increase, to overflow, still more certainly, the lands around. And as this effect is the very consequence of the embankment, so, at any given point, the bank must be made to keep pace with the rise of the channel, that the restraint may be effectual and constant. Hence as the river becomes more elevated, the ultimate result is the same as if the surrounding lands had been depressed to the same amount: and thus, while the stream which drained them once can drain them no longer, they become, first, meadows, and ultimately marshes. And if, in the former condition, they can still be drained by means of canals and floodgates, this process becomes in time inefficient, and recourse must be had, as in Holland, to lifting machinery." 199.

There are many causes of those revolutions which take place in the salubrity or insalubrity of countries or local districts. Changes in the mutual level of the sea and land, ascribed by geology to the subsidence or elevation of the latter, as connected with the cause of earthquakes, are a fruitful source of the said revolutions. But we need not dilate on these topics. The reader anxious to gain farther information will consult the work itself.

This brings us to a natural division of the investigation, and to the middle of the volume under review. Our analysis could not be conveniently contained in one article, and, therefore, we shall defer our conclusion of it till our next number; when the propagation of malaria—the climates and seasons most favourable to its production—the geography—the nature of malaria—and, lastly, the general effects of this poison on the human constitution, will be fully considered.

We cannot close this article, however, without expressing

our admiration of the industry and research by which Dr. Macculloch has collected together a most astonishing mass of information on minute points of medical topography. The manner in which the local descriptions and details are given, induced us to think, that a great proportion of them were collected on the spot by our author in person; and we were not a little surprised to learn from a gentleman, while writing these lines, that Dr. M. has travelled very little indeed. We verily believed that he had traversed half the globe in quest of the materials which he has collected, and that, in Italy, at least, (the emporium of malaria) he had not left a foot of the Campagna di Roma unexplored. This does not derogate from his credit; and we will say, that Dr. M. has travelled round his library to some end. He has there seen more than we have seen in 20 years perambulations round this earth. In our next number, we shall present our readers with a summary of the remaining chapters in Dr. Macculloch's work, which we have no hesitation in recommending to the attentive perusal of the Profession, as a volume abounding in matters equally curious and important.

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## II.

*Rambling Notes and Reflections, suggested during a Visit to Paris in the Winter of* 1826—1827. By Sir Arthur Brooke Faulkner. Octavo, pp. 348. London, August, 1827.

Some time ago, we introduced to our readers the amusing rambles of Dr. Valentine, and regretted that he had not kept more closely to medical matters, leaving politics, general science, literature, and antiquities, to others who made those subjects their special study. Doubtless it is difficult for medical men of high classical education and general scientific attainments, to resist the temptation to remark on all subjects that come in their way, when journeying in foreign countries; and, as there is no rule against such indulgences, we cannot quarrel with either Dr. Valentine or Sir Arthur Faulkner for diverging into so many discussions totally unconnected with medicine. Neither can they find fault with us if, adhering to the precept "ne sutor ultra crepidam," we only take notice of those portions of their works which treat of professional subjects.

We are rejoiced to find so much religion among our provincial, and especially our fashionable physicians. Sir Arthur has occupied a considerable portion of his book with matters of the church, and wittily hopes, that this digression "will be considered, at least, a *clergyable* offence." As this is not a tribunal for such causes, we pass on to medical concerns. Sir Arthur's remarks are chiefly satirical, and levelled, of course, at the foibles, the intrigues, the arts, and, lastly, the delinquencies, of the disciples of Esculapius—including the various species and gradations, from the President of the College of Physicians down to "the Apothecaries' deputy." Satire, no doubt, has its advantage, when levelled against folly and knavery; but, if directed pretty generally against a whole profession, and especially the medical profession, we may well doubt whether considerable injury may not be done to the innocent, by prejudicing the non-professional part of the public. Satire of this kind too, is the more dangerous when dispensed in a work designed for general perusal. That the vices, the follies, and the knavery described by Sir Arthur, are to be found in the ranks of medical society, no one can deny; but the question is, are they so often and so abundantly found as to authorise the lash of satire being laid generally on the professional back? With every deference and respect for the learning, talents, and honorable character of Sir A. Faulkner, we find ourselves obliged to combat some of the inferences which he draws, and repel, or, at least, *blunt* some of the arrows of satire so plentifully discharged among the ranks of his brethren. Thus, comparing law with divinity and physic, Sir A. observes:—"The learned department of the Law differs from its sister-professions in one most paramount and essential respect; namely, that there is a direct and indissoluble connexion between *ability* and *success*; while, in the others, absolutely no more than between the value of the parsonage and the piety of its owner—the length of the doctor's bill and the modesty that drew it up." This evidently and literally means that there is no sort of connexion whatever between ability and success in the medical profession! Is Sir A. justified in this assertion? Have the many men who figured at the head of our profession during the last 30 or 40 years, owed nothing of their success and reputation to ability? Or was it all mere chance—nay, was it all owing to artful manœuvering? One of these must be the case, if there be no possible connexion between ability and success. That a crafty, unprincipled, but ignorant, medical man may occasionally rise to a *certain extent* of success and riches, we will not deny—and this, by the way, is the case in law as well as in physic;

but, that such a character can ever attain or maintain any of the higher grades of emolument or reputation, we venture to deny. We appeal to the *living race* of medical men in this and other countries, for unequivocal proof of this position:—and if our position be correct, what becomes of the sweeping principle laid down by Sir Arthur? If, indeed, he had said, that there is no very necessary connexion between *learning* and *success*, he would have had some solid basis for his observation. There are numerous proofs among the living, as well as among the dead, that a man may be crammed brim full of literature and science, and yet he may not have the power of applying these acquisitions so as to obtain success. How often is the finest seed sown on a soil that never can render it prolific? Sir Arthur appears to us to have confounded *education* with *talent*—and to have thought (as will presently appear) that Oxford or Cambridge *should* "accomplish all things without grace"—that is, without native talent—but, in this, he is mistaken. An extensive and liberal education, wherever acquired, will undoubtedly give a man, in any of the three professions, a better chance of *success;* but it does not—and wisely is it ordained that it *should not*, *command* success, over superior native genius, which may happen to be destitute of the means of procuring this education through a particular and expensive channel. Suppose there was an ordonnance that no man should practise as a physician unless he first expended five thousand pounds on a University education. In this case, is it not evident, that *money* and *success* would almost be synonymous terms? We should think that money has quite enough of power and influence in its train, without making it the exclusive depository of knowledge also! To us, indeed, it appears, that one of the most potent antagonists to aristocratic wealth will be found in the popular diffusion of knowledge. That this sentiment is *secretly* shared by the aristocracy themselves, is quite evident from the anathemas poured by them on the New London University. We shall presently see that Sir Arthur is horror-stricken at the contemplation of this cheap mart of literature and science, divested of religious creeds, though one of his main principles, laid down in the very same work, is, "that *education* is the only security upon which any reliance can be placed that this most useful of all arts (the medical) is not abused to the vilest purposes, and converted into a curse instead of a blessing." *p.* 154. Sir Arthur is, to do him justice, a strenuous and eloquent advocate for education among all classes of society; but he is, like many others, terrified, because religion and religious creeds are not introduced into

the new university. "How abominably horrible to contemplate being left to the mercy of a man's *philosophy*, as the only check upon his passions; who may as well take it into his head to think *cutting my throat as sound a piece of ethics as cutting his own.*" We would ask Sir Arthur if he ever met with any of these cut-throat ethics in his perusal of the ancient philosophers, who knew nothing of Christianity? His answer must be, no. Then why should philosophy *now* begin to teach the cutting of throats? Is Sir Arthur *serious* in preaching to us that it is the *religious* instruction imbibed at Oxford and Cambridge which makes the graduates of those universities so distinguished for their liberal conduct and moral ethics? We should think that he is laughing in his sleeve all the time that he is applying the flattering unction to the souls of the pious Christian and proud Aristocrat.

But we must leave generalities, and come to the professional portraits which our able, but too satirical, author has drawn. It has struck us, and we imagine it will also strike our readers, when perusing these portraits, that Sir Arthur either meant them to be complete caricatures—or that there is something in the air, the soil, or perhaps in the waters of Cheltenham, that has there congregated together a collection of quacks and demireps, such as no other part of this island could possibly produce. In either case, the propriety of handing up these pictures to society at large, who will not be slow in applying them generally to the profession, is at least very questionable. After giving some account of a medical character introduced on one of the Parisian stages, under the name of "*Le Medecin des Dames,*" Sir Arthur proceeds as follows:—

"Alas! we need not travel far to find a match for this gentleman in our own honest land. It is humiliating to a profession, which deserves to be respectable, to name it, but I literally remember an M.D. in a good deal of business, fraught with one of the (ci-devant) 'Scotch licenses to slay,' who used to pay a certain number of hebdomadal visits, to perform the express service of catering gossip and mending the pens of a female patient; and she was amazingly taken with him. But why should we be surprised at this or any thing else of the kind, when we see the profession so very frequently in the hands of the ignorant; and that any man who chooses to practise *en docteur*, gets credit for skill only because he has stood a certain number of years behind a counter, or trod the wards of an hospital? The doctor, when speaking of his triplicate function, styles himself a general practitioner; and the general's course, I believe to be, too generally as follows. His first matriculation commences at the Galen's head, with little better preparation than a grocer's apprentice; and there he is doomed and inden-

tured to remain for a certain number of years, pulverizing and extracting. Now, whatever he may claim for *extraction*, it will surely not be contended that such a place is just the most retired for *abstraction*. At least his snatches of opportunity for study, stolen from officinal hours and duties, cannot be very numerous; and allowing that he is ever so eager for scaling the heights of science, who is to direct his studies? His master must, like all other men, be liable to consult his own interest in preference to his apprentice's accomplishments, and to look for some more substantial return for his services, than the furniture of his brain, which is of so much less use to him than the produce of his hands: or, allowing that brain could not be entirely dispensed with, the work of his hands at least 'brings most grist to the mill.' As the indentures wear older, the apprentice begins to catch a little of the *auri sacra fames* himself, and seeing its gratification may be reached without the sciences, wisely abandons all farther thoughts of them, looking to more direct and available means. The indentures are now actually out, and the mature apprentice commences an established pharmacopolist on his own account. His course is now clear and straight before him. He pounds away through some profitable years, until he realizes a capital, and puts forth the bloom of his reputation, when, if the extent of his connexion gives him sufficient encouragement, (it will depend upon this,) he sloughs off his crysalis of gallipots, and expands into the many-coloured glories of the general practitioner. You then see him bustling (more frequently driving) from fistula to fever, until he comes to be looked upon as the very incarnate personification of the infallible pill he prescribes. But, without either colouring or exaggeration, there certainly is no profession within the whole range of respectable means of making a livelihood, the practice of which is so liable to deteriorate as physic, or one where a man, with a small smattering of knowledge, and a discreet cunning, may fleece with a safer freedom, or a more becoming grace, not only without risk of being detected, but even with character,—perhaps a high place in human esteem. And as we are on this subject, I shall trespass with my reasons for holding such an opinion. I begin, then, by assuming, that physic, *if* a trade, (the whole of my observations are hypothetical,) is *the* trade of all others the most exactly cut out for a rogue." 133.

"It is the fashion to talk of the daring impositions and profits of an imported mountebank: but I maintain that a homebred skark of our own, carries off more of the unrighteous mammon in a week, than your starveling of Italy in months. Give me a thorough-paced low grade of general practitioner, with a good *audacia perdita* and *sermo promptus*, and only one season or two of an hospital, I ask no more, I will back him in fame and profits against any dozen mere quacksalvers, and give you your choice of all Italy, from the Jura Alps to Calabria. Peace to thy manes, Brodum! if men allowed themselves to be duped by thy disciples, they richly deserved it. With you there was no disguise, no 'ignorance with looks profound,' no season or two under the lectures of Mr. A. or Dr. B. to quote, as a passport to the confidence of the

new adventurer on your skill. All was straight-forward plain work. The sly general who physics the major part of the British community, if my whole speculation be not astray, as far out-herods the most professed quack, as hypocrisy, with an air of orthodoxy, is more dangerous than the broad cant of a jumping methodist." 135.

It is not our custom (as we observed in a former article) to flatter one class of medical society at the expense of another, but we must say, that our knowledge of medical practitioners, both in town and country, (and it is probably as extended as that of our more learned author,) by no means sanctions the correctness of the pencil which drew the foregoing portrait. If such characters exist, these delineations of them to the non-professional public will do no good, but a great deal of injury to the respectable practitioners, who form an overwhelming majority.

We dare not commit to our pages any more of these severe satires on the profession, because we think that the author will ultimately be sorry for having given them publicity in a work calculated for general perusal. The remedy which Sir Arthur proposes for all these maculæ in the fair face of human nature is, as we shewed a few pages back—a better education than medical practitioners now possess. To improvement of education, we would be among the last to object; but we know enough of human nature to be convinced, that no amount of *learning* will make men honest, where they have an inclination and a field for being otherwise—and this they will always have, both in law and in physic. Talents and education will, indeed, enable *such characters* to do the thing in a more masterly style, of which we have seen some notable instances among those who hold their heads high in physic. As long, in fact, as there are *fools* to be duped, there will be plenty of *knaves* to dupe them.

We must now pass on to the tenth chapter of the work, in which Sir Arthur discusses the charter, laws, &c. of the Royal College of Physicians, of which corporate body he is a FELLOW. Notwithstanding the influence of early partialities, not to say prejudices, our author "must candidly own that, for a long space, his eyes have not been shut to certain defects, which he has more than once hinted to the President his intention of some day submitting to the profession for the common benefit of all." This day, we suppose, is now arrived—and this exposition of defects, turns out to be almost entirely a laboured defence of the worst parts of the College laws and regulations, with some gentle chidings on certain foibles in the College, arising principally from the exuberance of its virtues and liberality!

*Answer to First Objection.* The *concealment* of the bye-laws, to the observance of which every fellow and licentiate is sworn on his bended knees, has been reprobated. To this the College advocate replies that, *as far as his recollection* serves him, no FELLOW is denied access to the bye-laws:—And as to the Licentiates, as they "are not associated in the government and business of the College, I cannot see it a hardship that *they* should not be freely allowed a liberty *which there is so much good reason to believe would often be vexatiously exercised.*" We believe the records of reasoning can hardly produce a parallel to the above piece of ratiocination! The Licentiates are sworn to obey laws which they are not allowed to see—and they are not allowed to see them, because there is good reason to believe that they would turn the knowledge thus obtained to purposes not quite palatable to the College! What must be the state of the College when one of its own FELLOWS puts forth such advocacy as this?

*Answer to Second Indictment.* The Fellows of the College are said to be in the habit of *consulting* with surgeons, apothecaries, &c. not authorised to be consulted with, according to the statutes.

"Now this I positively deny, without the least hesitation, *has ever been done with the sanction of the College;* or, if known, it has invariably been visited with the penalty awarded in similar cases of infringing the statute 'de conversatione morali.' That a FELLOW of the College may have been led, *under peculiar and pressing circumstances of a call upon his humanity, to enter into conference with persons of this description, I will not undertake to contradict.* In such a case, I should conceive he would be blamable in the extreme to refuse conferring even with a *common nurse.* This, however, is not *consultation.*" 288.

So, then, the Fellows of the College meet surgeons, or apothecaries, on the footing of common nurses, and that only on peculiar and pressing occasions! Is it possible that Sir Arthur can have been in his senses when he penned the above passage! Every man knows that the Fellows of the College enter daily into *long and familiar conference and consultation* with surgeons, and with apothecaries—nor does any sensible man blame them for so doing. In that point they shew their wisdom. But we blame them for consulting with these classes, and the next moment refusing to consult with a regular physician, who happens not to have paid the College 57 pounds for a license. This compliance on the one hand, and refusal on the other, cannot, we maintain, be attributed to any other than sordid, selfish motives, in despite of the following assertion.

"To suppose, as some have done, that such violations of duty are prompted by a sordid regard to self-interest, I conceive to be only the calumnious colouring of jealousy and ill-nature, and quite undeserving of notice." 289.

We leave the public to judge between the author and ourselves on this point.

*Answer to Third Indictment.* It is objected that the College does not now, as formerly, exercise its power in putting down irregular and empirical practitioners. This is admitted. But what is the excuse? Why, "that the persecution of heresy, instead of restraining, has served only to augment the number of offenders." How will Sir Arthur quadrate this principle with the prosecution of Dr. Harrison? The next objection we shall give in the words of the author, as the passage will shew that virtue itself, in excess, may become a fault.

"It is roundly asserted that the College have abandoned all concern about the country, not caring one farthing how it is eaten up by the rankest vermin of quackery; nay, that if they heard it was visited as severely as Pharaoh by his lice or locusts, they would not stir one step to stay the plague. *What to say to this, I own myself rather at a stand.* That they possess the same right to repress the evil in both town and country, *I have the best authority for stating to be fact;* and it surely cannot be their opinion that the health of his Majesty's country subjects is not on a par of importance to the state with the health of his good city and suburbs of London, to the seventh mile stone. I freely admit that I see something here not quite as it should be; and for consistency sake, if there were no better motive, the College are, in my judgment, very positively called upon to account for this their *greater tenderness* to the town." 291.

Notwithstanding the excellence of Sir Arthur's authority for the power of the College over the country as well as the town, we can give him a little information which will let in a flood of light on his mental optics respecting the "greater tenderness" to the town. The College has no power beyond the seventh mile stone—and for this simple reason, that there is *no penalty* annexed to practising without its permission there; and without a penalty, a law is not of much use. Does Sir Arthur now see why the "lice and locusts" of the country are spared? We can assure him that the College would pounce upon the Harrisons of Cheltenham as well as upon those of London, if they had the smallest power! The reason why they spare the "lice and locusts" of London—or, in other words, the illegitimate practitioners or quacks, is, that they would probably be out of pocket by prosecuting them—and, after all, could not

compel them to pay the 57 pounds. Hence it is that their power is aimed at those who attempt the higher walks of the profession without first paying the tax that so materially keeps up the Temple in Pall-Mall East, and at the same time maintains the distinction between them and their equals, the Licentiates.

*Last Objection answered.* Sir Arthur observes that the "detractors" of the College object to Oxford and Cambridge, as schools of physic, because medical science is not taught there. In answer to this he says—"They do not profess—they were, in fact, not established—to qualify a man fully for the practice of physic." They were designed for giving a ground-work in literature and science. Very well. We shall take Sir Arthur on his own ground. A few pages farther on he maintains that the *medical* degree obtained at Oxford or Cambridge is a perfect test of medical education, and therefore the graduates of these universities *ought not* to undergo any examination by the College of Physicians before they practise in London! Was there ever such inconsistency! "And truly, if the degrees of these universities cannot be relied upon as vouchers, their endorsement by the College will scarcely deserve to be regarded as much better security. Without all question it appears as if something here required the hand of correction." Thus, then, a diploma from a university where no medical education is given may be relied upon as a voucher, without any examination; but a diploma from Edinburgh or Paris, where the strictest discipline and the most rigid examination are enforced, goes for nothing! Sir Arthur rails in good set terms against this ordeal of the College imposed on the men of Oxford and Cambridge; though, in our humble opinion, it is one of the best statutes in the whole of their laws. We maintain that the tests should be two-fold—proofs of study, both general and medical, in some proper university—and a rigid examination to ascertain whether those studies had been turned to advantage.

Sir Arthur next goes into a long discussion on the merits of the Edinburgh school, grounding his objections to that school on a long letter to the patrons of the university, by some Edinburgh doctor, whose name is not given. In singling out this witness, Sir Arthur emphatically observes—"I like to shew every fair play." Now to our apprehension, the way to shew fair play is to take the sentiments of a stranger—of an unbiassed spectator, and not the declamation of a professed partisan. Sir Arthur appears to be like the Turkish Cadi—he

never wishes to hear more than one side of a question. The "*audi alteram partem*" would only tend to puzzle and perplex! He takes not the least notice of the able answer which the younger Duncan has given to the letter of—we believe, Dr. Thomson. Not but that we coincide in the sentiments contained in this memorial respecting a better education for the medical practitioner. We believe that all regulations will be defective where a good classical and general education is not made a *sine qua non*. But the doctrine of limiting the acquisition of this education to two or three universities is preposterous, and must soon be scouted by the public at large.

But to return to the College. Sir Arthur, after paying a just compliment to the President, laments that the interior economy of this stately pile by no means comports with its exterior magnificence.

"Now three years have elapsed, and things are just as they were, with the unhappy difference, that placed more prominently, it has been made to excite more envy, and a narrower inspection, and a closer dissection of its defects. But in truth, the error is not so much in the College as in our Universities. It is there the main reformation ought to commence; and the only reformation required, is simply to raise the respectability of their medical degrees. I should say, let no degree be henceforth conferred by any University in the kingdom, that is not fully answerable to what it sets forth regarding the bearer, in every respect, both of character and competency. The only authority the College of Physicians would then be required to use, in reference to the graduates of any University, would be that of merely verifying the authenticity of their degrees, and of enrolling them in a list to be published regularly for the information of the public.

"In raising the respectability of the University degrees, it would be necessary to have it surely settled that the candidate should be able to produce certificates of his having passed through some established course of medical instruction, under some competent authority, that the Universities could recognize whether within the walls of an University or elsewhere. This measure would furnish a supply of competent medical practitioners to meet the demand of the public, and effectually rescue the profession of the physician from the hands of its spurious pretenders. *No one province of the profession would then trench upon another.*" 319.

This is so liberal, that we began to wonder how we could have so much mistaken the aim and end of this publication. But we were soon undeceived. In the very next page we find the Corporation spark kindle into a bright flame.

"As to the constitution of the College itself, I conceive it most important and essential that it (the Fellows of course) should be composed of men of *a degree of learning and acquirement much above that wanted*

*for the fitness of the ordinary members* (Licentiates) of the profession. It is only by keeping up a superior rank of this description that the profession can be saved from the same degeneracy that has been so universally its portion in all other parts of the world, and to which it has itself so natural and prone a tendency." 320.

So, then, by keeping a handful of men educated at particular seats of learning, in possession of rank, power, and privileges, to domineer over all others, is the way to prevent degeneracy—to promote harmony—to ensure liberality—and to counteract that tendency to descend—"especially if tempted and drawn by the divellent attraction of *self-interest*." Now we do maintain that such a distinction, founded as it is, not upon superior learning, talent, medical acquirements, or moral worth, but upon certain corporation rights attached to insulated seats of learning, is the very apple of discord which will keep up a constant source of arrogance, pride, and tyranny in one party; and just indignation, if not deadly hatred, in the other, as long as such an odious barrier exists.

Sir Arthur is an excellent classical scholar, and seems to be an enthusiastic admirer of the lions of literature in ancient times. We ask him if it was by means of corporation laws that his favourites of the olden time, the Platos, Aristotles, Horaces, and Virgils of Greece and Italy, were enabled to "keep up a superior rank" above their cotemporaries? Was it by virtue of this corporation supremacy that *Licentiate* Sydenham has transmitted his name to posterity, in every language of the world, while the Radcliffes, and other Fellows of his time, have only a momentary and despised existence in the Mems. Maxims, and Memoirs of Wadd? If, indeed, the fellowship of the College were a station of eminence to which talent, learning, and professional acquirements had a right to aspire, as a reward, and to which nothing else could give a claim, there might be some foundation for the observation of our author. But he and every body knows that merit has no claim to the fellowship, and that the paths to it are two particular *highways*, lying between the metropolis and two provincial towns! Is this the *way* to forward merit and foster talent in the nineteenth century?

At page 155, Sir Arthur tells us, that—

"If the College of Physicians had never been of any use beyond that of keeping up a reputable rank in the profession, it is worthy of all its power and patronage."

Yet, at page 321, we have the following somewhat contradictory declaration.

"As things have for a long time been conducted, the authority of the College in the country is absolutely a dead letter, and its testimonial, in place of a benefit, a positive nuisance; in fact, it is a millstone about the neck of the bearer, by imposing obligations at variance with his private interests, and so far putting bad faith at a premium."

How the author can reconcile the above passages, it would be difficult to imagine; nor do we well understand how the fellowship hangs as a millstone round the neck of a physician in the country. But this we may surely say, that the "testimonial" of the College hangs as a millstone about the neck of the Licentiate in London.

In thus offering a critique on the *medical politics* of the volume before us, we beg it may be distinctly understood, that we mix up no personal feelings as regards the author. We have every reason to believe, and, indeed, to know, that Sir Arthur Faulkner is an accomplished scholar, a talented physician, and an honorable man. His work on the Plague has long made his name favourably known to the profession, and the present volume proves him a man of literature and observation. But these good qualities cannot always clear the mental optics, when things are to be viewed through the medium of medico-political lights and shades. Every man is entitled to his opinion on these topics. We may be wrong, and our author may be right. The public tribunal is that to which we shall appeal, firmly, but we hope freely; alike uninfluenced by the smiles of one party, or the frowns of the other.

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## III.

*Clinical Observations on the Efficacy of Hydro-Chloruret of Lime, as a Remedy in certain Stages of Fever and Dysentery.* By ROBERT REID, M.D. &c. &c. Octavo. Dublin, April, 1827.

IN the late—and, indeed, present epidemic fever of Dublin, (April, 1827,) Dr. Reid had occasion to notice some circumstances, not observed by himself or others in former epidemics. In individuals affected with the prevailing fever, the disease usually increased till the sixth day, when a severe rigor took place, followed or not by profuse perspiration. When this occurred, the fever was generally at an end, and the patient became convalescent—the speedy convalescence being generally

proportioned to the severity of the rigor. The great majority of patients, however, had not this good luck. The disease yielded with difficulty to the usual remedies, and the patients were brought to a doubtful convalescence, thinking themselves well. There would be no tangible or appreciable disease—and yet the physician would frequently be surprised at hearing of his patient's sudden death the day after he had left him apparently convalescent.

We shall notice one or two cases in illustration. Anne Watson, aged 19, after being five weeks ill with fever, was received into the hospital on the 9th Jan. 1827. The disease seemed mild—her bowels were regulated by aperients—and she was then ordered the saline diaphoretics. She appeared gradually getting better till the 13th, when, after a quiet sleep, she awoke, gave a sigh, and died.

*Dissection.* The stomach was much distended with flatus, and some dark spots were observed on the mucous membrane. The duodenum and other intestines were natural. The liver not enlarged, but the colour of a deeper red than usual—"the biliary function apparently suppressed." There was much red fluid in the pericardium—left ventricle of the heart flabby, its parietes thin, and the cavity much larger than natural. "On opening this cavity, a gush of air rushed out, and it did not contain any blood or coagulum." The left auricle, on pressure between the fingers, gave a distinct sensation of crepitus, from air contained in its cavity. There was no sign of putrefaction in any part of the body. The right auricle was distended with venous blood; right ventricle natural. The contents of the pulmonary veins did not appear to have undergone the usual change in the lungs, which, in other respects, seemed healthy. The internal surface of the aorta was of a dull pink colour, and the texture of the vessel appeared softened—which state seemed to extend through the whole arterial system. In the head, the dura mater was found extremely vascular, and an extravasation of blood and coagulated lymph was observed covering the entire right hemisphere of the brain, causing a considerable depression in the middle region. The coagulated lymph pointed, as usual, to the source of the hæmorrhage, which was ascertained to have flowed from a small vessel at the side of the longitudinal sinus. There was no extravasation on the left hemisphere. The medullary substance of the brain seemed in a state of congestion.

*Case* 2. Catherine Hannon, a nurse of the hospital, took the fever, and was confined to bed, on the 9th March, 1827.

On the 12th, she appeared nearly convalescent. On the 13th, in the morning, she had a slight rigor, and in eight hours afterwards she was dead.

*Dissection.* The surface of the body exhibited a dirty purple yellow hue. The viscera of the thorax, abdomen, and pelvis, healthy. When the scull-cap was removed, the dura mater seemed of a brownish yellow colour, and a yellow matter, as if bile had been suffused, was found between the arachnoid and pia mater. The substance of the brain had a yellow tinge. Nothing remarkable in the ventricles.

*Case* 3. William Ludlow was admitted into the hospital, labouring under a relapse of fever. He seemed progressively mending until the 28th of March, when he complained of slight pain in the abdomen, and general feeling of returning disease. These symptoms rapidly increased, and next morning he died.

*Dissection.* The serous surface of the peritoneum was healthy—the mucous membrane of the ileum exhibited patches of congestion, with some tendency to ulceration. The viscera of the thorax and abdomen were healthy. The blood appeared decomposed and watery. The medullary substance of the brain was congested, and much watery blood was discharged from the cut parts.

*Case* 4. John Anderson was admitted on the 2d of April, being six days ill with fever: he complained of tenderness of abdomen on pressure—skin and eyes yellow. On the 5th he appeared much relieved, and had a quiet preceding night. At mid-day the pain of abdomen returned, and leeches were ordered; but, before any means could be used, he turned quite purple, and quickly died. There was no dissection.

*Case* 5. Master ——— had been ill several days with fever, but became convalescent. In a few days more he complained of violent pain in the abdomen, and leeches were ordered, but, from mistaken lenity, they were not applied. In 48 hours he died.

*Dissection.* Great tendency to putrefaction in a few hours after death—abdomen tumid, and integuments green—back and lower extremities black. On opening the abdomen all the viscera were found covered with a yellow curd-like matter, and a considerable quantity of pus and sanies diffused through the cavity. The liver was studded with a crystaline miliary eruption, similar to what had been observed on the surface during his illness. The head was not examined, as it had shewn no symptom of disorder during life.

" To avoid the farther detail of particular cases, it may be sufficient to state, that in all the subjects I have examined, who have died of the fever at present under consideration, there have been evidences of the maturation of the disease, modified, of course, by the nature of the parts upon which its influence was directed, and by the accidental state of the individual's constitution. Thus it was sometimes thrown on the vascular system, as in the first case, and by injuring the texture of the vessels, disposed them to rupture, or gave origin to hemorrhage from the nose and rectum. When the result of the disease has fallen on the substance of the brain, this organ after death exhibited a most remarkable state of congestion. On cutting the medullary mass, a quantity of thin blood, apparently in a dissolved state, was poured from innumerable points. These cases were by far the most rapidly mortal; some have occurred to my observation when this state of the brain was about to commence, and before many minutes elapsed, the progressive changes towards death took place while I was standing by the patient. In all the cases of this kind which I have examined, there were observed patches of several inchesi n extent of a dark colour upon the ileum. Upon opening this intestine these patches were found to be occasioned by a state of vascular congestion on the mucous surface, sometimes even apparently abrasions were observed; indeed, in one case there were several perforations, so that the contents of the intestine escaped into the cavity of the peritoneum. In these cases the fatal train of symptoms generally commenced with abdominal pain, but the state of the brain soon rendered the patient insensible to the progress of disease in the abdomen, although he may be still capable of giving a rational reply to the questions of his medical attendant.

" When the patients have survived a day or two after the result of the disease had been deposited on some internal part, bands of adhesions were observed; but in the rapidly fatal cases, the coagulable lymph and curd-like substance could be wiped off the organ, and then the surface would appear quite sound." 11.

From these and other circumstances, our author is induced to think that there is some peculiarity in this fever which disposes to the formation of a morbid matter that acts like a poison, and quickly destroys the powers of life. In this view, he is supported by Dr. Marsh, whose paper will be found reviewed in the present number of our Journal. In former epidemics, our author had observed many symptoms which seemed to indicate a tendency to generate a morbid poison; but he did not meet with the regular train of symptoms in any individual case, such as occurred in the present epidemic.

" The generation of this morbid poison appears to take place at some uncertain period of the disease, and seems as if thrown on particular organs or parts, exclusively leaving all other parts of the body apparently in health. Probably the peculiar state of the patient's con-

stitution at the time, may determine the situation where the morbid change may be developed." 16.

Impressed with the idea of such a tendency in the prevailing fever, our author sought to counteract it, and, for this purpose, tried the hydro-chloruret of lime—first with patients who had no prospect of surviving their disease under the ordinary mode of treatment. The following is an instance.

*Case* 5. John Coyne was admitted into the hospital in the last stage of dysentery, which came on after a tedious fever. The discharges consisted of a bloody sanies, intermixed with a dark-coloured matter highly offensive. The stools were passed involuntarily, and the patient was reduced to an idiotic state. Dr. R. considered that erosion of the intestines had taken place, and that death was inevitable. He directed ten grains of the hydro-chloruret of lime to be added to the common enema of the Pharmacopœia, and to be thrown up, night and morning. The stench was corrected, the evacuations became more natural, and pure blood was sometimes discharged. His tongue became clean and moist—but exhaustion increased, yet he lived a fortnight after this. No dissection was made, and we believe that Dr. R. was right in supposing that the intestines were ulcerated, and that death was inevitable.

6. Encouraged by the effects of the hydro-chloruret in correcting the fetid discharges in the above patient, our author next directed its administration to a female lying ill with dysentery after fever, and whose evacuations were so intolerable, that the other patients declared they could not stay in the ward. The first day after the injections, the patient experienced considerable relief of all the symptoms. In a few more days, the fetor was corrected. The progress of the cure was gradual and steady, and she entirely recovered.

*Case* 7. In this case the medicine was exhibited by the mouth. The patient was a very old man, of broken constitution, who was admitted for dysentery succeeding fever. He had frequent bloody evacuations, attended with great pain in the abdomen—tongue loaded—thirst urgent—great debility—some appetite. Dr. R. directed a mixture composed of ten grains of hydro-chloruret of lime, two drachms of tincture of colombo, and four ounces of water, to be taken in half-ounce doses every hour. Next day the tongue became moist, though still loaded. The medicine to be continued. On the third day the evacuations were changing to a more natural appear-

ance, and he had longer intervals from purging and pain. The medicine was continued for a few days longer, when he got quite well.

*Case* 8. This was a very formidable one. The patient had been in Sir Patrick Dunn's Hospital for dropsy, where he was tapped. A week after leaving the hospital, he was seized with dysentery, in which state he had been three weeks before he came into the Fever Hospital. He complained of severe pain in his bowels—had incessant alvine evacuations of thin fetid matter intermixed with bloody sanies. The abdomen was swelled, and his legs were œdematous. Two days were spent in the administration of some medicine, and then the hydro-chloruret was given, nearly in the manner above related. He soon began to mend, and, in a fortnight, the dysentery had greatly abated, and he was able to sit up and put on his clothes.

The above cases were selected from a great number of the same kind. Dr. R. thinks they were cases that would, most probably, have terminated fatally under other treatment. Several cases are next detailed, in which the medicine was administered in certain stages of fever, and apparently with considerable advantage. These we need not state. The foregoing observations will probably lead many of our readers, in this and in other countries, to try the means recommended by Dr. Reid. We shall conclude this paper with the following extract, which also concludes the pamphlet.

" It may be necessary to state that the substance known in the shops under the name of hydro-chloruret of lime, is extremely variable as to the quantity of the soluble salt it contains. When first I employed this substance as a medicine, I prescribed the supposed necessary quantity of the dry substance. I soon observed, however, that the operation of the medicine appeared extremely irregular; I was, therefore, induced to examine the substance by some test which would give an indication of the quantity which was capable of being dissolved in water. As it was known that this substance has the property of discharging the colour of indigo when dissolved in sulphuric acid, I directed three grains of indigo to be dissolved in three drachms of sulphuric acid, to which were added three ounces of water. This I reserved as a standard of comparison. Three ounces of dry chloruret of lime having been put into a pint of water, the mixture was occasionally stirred for twenty-four hours, and then filtered through paper. The strength of this liquid was ascertained by the number of drops required to discharge the colour of twenty-five drops of the indigo solution. I observed that the strength of the liquid varied from nine to twelve. It was, therefore, directed that each quantity of the solution, on being filtered, should be marked so as

to indicate the strength, or the number of drops capable of discharging the colour from twenty-five of the indigo solution.

" I have selected the foregoing cases from a great number, as being those in which the evidences of the efficacy of the hydrochloruret of lime were most unequivocal. From attentive observation relative to the mode of action of this remedy, I am induced to consider it astringent in its primary local action, without apparently exciting inflammation. In certain stages of dysentery, therefore, it will be found of the highest importance. The cases of Rose Macnamara and Heron evince its powerful efficacy in that stage of the disease which has been heretofore so tedious and intractable. As to its secondary influence, it seems to produce very general effects upon the functions of the ganglionic system, principally evident in correcting the formation of morbid matter. In some cases it appears to act as a diuretic. The urine, however, when increased in quantity under its influence, appears to be of that kind which was formerly supposed to indicate a termination of disease, thus agreeing in its effect with the observation of Hippocrates, '*cocta non cruda sunt evacuanda.*' More frequently perspiration seems to be its most evident effect. In such case also the same observation is fully applicable, as the perspiration is seldom profuse, but always of that healthy feel, which has been usually considered by the physician as the most satisfactory solution of a severe disease.

" From the observations I have made of the efficacy of this medicine, in cases which exhibited all the symptoms of that severe disease which medical writers have denominated yellow fever, I can with some confidence recommend it as a valuable remedy. Indeed, the cases to which I at present allude, having had all the symptoms of that formidable disease, which the difference of climate in these countries could admit, I am induced to expect, that when properly employed, the hydrochloruret of lime will be found as valuable a remedy in the treatment of yellow fever, as mercury has proved in syphilitic disorders.

" When a remedy has been found very efficacious in some states of disease, the practitioner, by not carefully observing its operation in the animal economy, is induced to appropriate the medicine rather to the name of the disease as known to nosologists, than to the morbid actions which the remedy is peculiarly adapted to correct.

" The practitioner, therefore, should be careful not to expect too much from any single remedy, for the records of medicine show how many substances have been at times lost to the physician, and at other periods proving of the highest value in the science of medicine." 35.

## IV.

*Traité sur les Gastralgies et les Enteralgies, ou Maladies Nerveuses de l'Estomac et des Intestins.* Par J. P. T. Barras, M.D. Medecin des Prisons et du Bureau de Charité, &c. Octavo, pp. 330. Paris, 1827. Balliere, Bedford Street, London.

In the 10th Number (fifth volume) of this Series, p. 489—500, we gave a very extended analysis of a paper on the above subject from the same author; in which was detailed Dr. Barras' own case, forming, indeed, the basis of the Memoir. It will be found, that some of the best monographs we possess arose in this way from the personal sufferings of the writers. No verbal description is equal to individual feeling in symptomatology, and, therefore, it often happens, that the pain inflicted on a single person forms a kind of expiation for the multitude. This is particularly the case in respect to stomach affections, to which medical men are very liable, and, from which, the author of the work under review has experienced no small portion of misery. Since the original Memoir was published, he has collected fresh materials, and added them to a more systematic Treatise on this important malady than the Memoir could be said to embrace. We shall endeavour to avoid, or touch very lightly on, the materials contained in the original Memoir, and select, from the present volume, as much of the new matter as possible.

I. Our author takes the definition of Pinel for the class of neuroses, or nervous diseases—"lesion of sense and motion, without inflammation or lesion of structure." This is, perhaps, as good as any other definition. The new, or physiological doctrine is acknowledged to have done great good to medical science, though not unaccompanied by evil in the shape of error. One of these errors is strongly protested against by M. Barras—namely, the doctrine which amalgamates the neuroses with the phlogoses—a doctrine powerfully supported by the late Dr. Parry in this country, but still, a doctrine untenable in theory, and dangerous in practice.

Before the days of Broussais, those nervous affections of the stomach known under the terms gastralgia, gastrodynia, cardialgia, dyspepsia, &c. were treated with bitters, tonics, anodynes, and mineral waters, together with country air and exercise. But the New School could see nothing in this class of

disorders, but chronic inflammation of the gastro-intestinal mucous lining, requiring leeches to the epigastrium, gum-water, and starvation. But experience—dire experience, has taught M. Barras (and we venture to say, that it has taught some thousands of others, on both sides of the Channel) that the stomach and bowels may be the seat of an affection purely nervous—that is to say, a lesion of its sensibility, quite independent of inflammation or change of structure, which lesion is rather aggravated than relieved by the rigorous regimen and long-continued depletion employed under the idea that the disease is inflammatory. We shall first introduce the particulars of some of the new cases, by which our author supports his doctrine and practice in gastralgia.

*Case* 1. Madam C. aged 43 years, of very nervous temperament, and subject to pains in her stomach, experienced a severe domestic affliction, in September, 1825. Immediately afterwards, the gastric affection was much aggravated, accompanied by spasms in the chest and sense of suffocation. For these, leeches were thrice applied, mucilaginous drinks prescribed, and the most rigorous regimen enjoined. In November, she became affected with furious delirium, and, in this state, she craved lustily for animal food, and sought to obtain it by main force. M. Barras was consulted, and advised that better nourishment should be allowed. The digestion was distressing at first; but, by gradually habituating the stomach to animal matters, the digestion became easy, and, by the 15th December, the patient could drink a bottle of Bourdeaux wine without inconvenience. With this power of receiving aliment, the strength and flesh returned—her mental aberration disappeared in a great measure, and there is every appearance of complete recovery.

The author remarks that, in this case, it is pretty evident the intellectual disturbance was occasioned by the disorder of the digestive organs. He says, there is but one shade of difference between hypochondriasis and insanity. It is acknowledged, by the best observers, that the *former* is very often dependent on a morbid condition of the digestive apparatus—and, if so, why may not the *latter?* It is true that M. Georget and some other pathologists, place the cause of insanity invariably in the brain. No doubt the *immediate* cause must be in the organ of mind; but this lesion of function or structure in the organ of thought, is very often consequent on disorder in the organs of digestion. In what is called sick headache, the pain is in the head, but the cause is in the stomach or bowels.

*Case* 2. M. Legros, 29 years of age, of nervous temperament, and *Maître d'hôtel* at the Prefecture of Police, had long been subject to

stomach-complaints, and had difficult and painful digestion whenever he ate food of a cold or flatulent nature. Many times he vomited up the remains of fruit five or six days after eating it. Four or five years ago, he had had attacks of pain in the epigastric region, which harrassed him for some months, and then went off. In May, 1826, he had a return of these pains, principally after taking food, accompanied by slow and uneasy digestion, eructations, colic, flatulence, and obstinate constipation; but no fever or vomiting. His appetite continued pretty good. Leeches, to the number of ninety-six in all, had been applied, at five different times, to the epigastrium—with gum-water—warm baths—lavements—starvation. After fifty days of this treatment, the physician in attendance was taken ill, and M. Barras was summoned. The patient appeared the very picture of a person who was on the point of dying from hunger! Emaciation had arrived at the last degree of marasmus, and the debility was so great, that the patient could not raise himself in bed. His tongue was moist throughout—white in the middle—red at the sides and extremity—face pale—disgust for drink—vomiting, for some days past, of the gum-water which he had swallowed. Still he had some desire for substantial aliment. The pulse was weak—skin cold—urine aqueous and plentiful—stools very rare—nothing particular about the epigastrium, except that the spine could be easily felt through the abdominal parietes! The *morale* was nearly as much prostrated as the *physique* in this wretched patient.

M. Barras almost despaired of affording relief in such a case, fearing some organic mischief. Nevertheless he cheered the patient with the hope of recovery. Some tender boiled animal food was ventured on, with Brussels biscuit, at first in the smallest quantity, and gradually increased. At the end of twelve days, he could eat the wing of a fowl, or a mutton-chop, and drink some claret and water. The appetite now became so craving, that he required the utmost exertion of his reason to restrain it. Even this abstemious diet was not unattended with some pain and inconvenience, both in the stomach and bowels; but still he gained strength and flesh, and, upon this plan of mild nourishment, he recovered so far as to be able to resume his duties in six weeks. Dr. Marc saw this patient, and can vouch for the truth of the statement.

When Professor Baumes lectured on phthisis pulmonalis at Montpellier, half the students fancied themselves consumptive—Corvisart's writings and lectures caused them to believe they had aneurism of the heart—and, in these days, the Val de Grace Professor has stricken half the medical élèves of France with imaginary gastro-enterites.

"At present, the medical students of the New School dread nothing but chronic inflammation of the stomach. As soon as they feel any uneasiness in the epigastric region, or any symptom of indigestion, they

examine their tongues before a glass, or show them to one another—and if they perceive, or fancy they perceive, any redness on the sides or tip, they pronounce themselves affected with *gastro-enterite*. This false idea leads them to the use of leeches in relays—to gum-water—and to acid slops. After a time, this debilitating process engenders a morbid sensibility in the stomach, and the return to solid food is accompanied by pain and inconvenience. They then have recourse to more leeches and other antiphlogistics. By this plan, their stomachs are enfeebled, and their nervous systems so much deranged, that the body and mind act and re-act on one another, so as to render them miserable." 48.

With a very trifling alteration in names, this picture would not inaptly apply, in no small number of cases, on this side of the Channel. Leeches—blue-pill—black draughts, and other measures of the kind, have damaged many a stomach in England, and aggravated, if not engendered, the very disease which the remedies were designed to remove!

*Case* 3. M. N. a provincial physician, 40 years of age, of nervous temperament, was very subject to pains in the stomach, which generally yielded to rhubarb. Being a prisoner in Hungary, during one of these attacks, he applied ice to the epigastrium, and was quickly relieved. He became a zealous convert to the new doctrine. In the month of September, 1824, he was once more seized with gastralgia. He applied leeches to the epigastrium, and put himself on a course of gum-water and slops. He seemed much relieved for a time; but, having been exposed one day to wet and cold, the pains returned with increased intensity, and he considered himself affected with a veritable *gastro-enterite*. Leeches, to the number of 120, were applied to the epigastrium, with all the usual antiphlogistic adjuvants. But, instead of relief, the patient experienced an aggravation of the malady. In this state he came to Paris, in January 1825, and hastened to consult "un medecin physiologiste." The physician confirmed the diagnostic of the patient, but was wise enough to leave off the leeches, and only adhered to the other parts of the plan hitherto pursued. The patient got worse. "The sensibility of the stomach was exalted to such a pitch, that the least particle of food produced great pain, nausea, and insupportable malaise." The tongue became red—the stomach flatulent—the constipation obstinate. The spirits were extremely depressed—the flesh wasted away. The nourishment was still farther diminished. In the mean time, the unhappy patient was dying with hunger, and dared not to eat! In a fit of desperation, one day, he ventured on a bit of chicken. This did not produce much uneasiness. He went into the country, and continued the light animal food, with great benefit. The morbid sensibility of the stomach gradually diminished—the digestion became more easy—the strength and flesh gradually increased—the spirits rose. At this time, M. Barras's Memoir fell into his hands, and he soon recognized his case to be one of gastralgia, rather than gastritis. He accordingly consulted the author of the Memoir, who advised him to pursue

the course of light animal food, and in two months he was quite well, with the exception of a slight disposition to hypochondriasis.

*Remarks.* We acknowledge that there is great difficulty sometimes in distinguishing irritation from inflammation—or, in other words, gastralgia from gastritis. In fact, the two states very often co-exist. Extremes approximate in this, as in many other cases; and ultra-depletion, with acid slops, &c. will often augment the uneasiness in the stomach as much as stimulating food. The great art consists in regulating the diet according to the degree of susceptibility in the stomach. We are no advocates for *repletion*, but we are not blind to the injury which is done by *depletion*, in nervous constitutions, where irritation is far more likely to predominate than inflammatory action.

*Case* 4. M. P. aged 26 years, of nervo-sanguineous temperament, and exposed, from his infancy, to constant domestic turmoils and disquiet, applied himself, at a very early age, to intense and long-protracted studies. Before the age of ten years, he became affected with headaches and vertigo—at fifteen, he complained of great irritation in the bladder—and between sixteen and nineteen, he was subject to repeated quinsies. In addition to the above, he had a most capricious stomach—his sleep was bad—and his temper restless and irritable. Up to the Autumn of 1823, however, his digestion had not been much in fault. At that period, his appetite declined—his tongue became furred—pain was felt in the stomach—the pulse was quickened—he had flushings of the cheeks, and sense of constriction about the throat. These phenomena were principally conspicuous during the period of digestion. Wine, coffee, brown, and ultimately white meat, were successively abandoned—and, ultimately, the patient was compelled to live upon soup alone.

Notwithstanding this rigid regimen, M. P. experienced severe pains in the epigastrium two hours after eating, together with obstinate constipation. In this condition the patient continued eight months. In April, 1824, he became affected with a relaxed state of the bowels, the motions being mucous, sanguineous, and containing little or no real fæcal matters. There was much pain in the abdomen, augmented by pressure—discharge of fetid gas from the bowels, with nausea, sense of strangulation, white tongue, quick small pulse, &c. All solid food was prohibited—rice water was ordered to be drunk in abundance—leeches were applied both to the anus and epigastrium, (by which the pains were increased)—emollient injections were prescribed—and one grain of opium was daily given. In three weeks the diarrhœa was removed, and it was succeeded by the original constipation. The sense of hunger was now indomitable, and some rice was allowed. The symptoms

were much mitigated. Soup and vegetables, the only food allowed, still produced pain in the stomach, and considerable nervous excitement throughout the system. In July, all the original symptoms returned with aggravation. No cause could be assigned for this, except sulphureous baths, which produced great irritation on the surface of the body. Leeches were again applied, and the patient was twice bled from the arm. The sufferings were increased, and food could not be borne. The disease was now considered to be more nervous than inflammatory, and blisters were applied to the insides of the thighs. The symptoms were still farther exasperated; and, during eight days, there was much fever with excessive pain in the epigastrium. Opium and the warm bath were the only means that gave temporary relief, with the exception of *pressure*, which also solaced the pain. He went into the country in the latter part of August, and there he was obliged to confine himself entirely to light soups. Even these sometimes occasioned great malaise or actual pain. Milk next became his principal nourishment, and of this he took upwards of two pints in the 24 hours. Three months passed in this manner, the patient living sometimes on soup, sometimes on milk. Leeches had been several times applied in this time, but always with increase of the disorder.

About the middle of December he experienced a great exasperation of the complaint—the epigastric pain after eating being insupportable, and to this was added a periodical cephalalgia returning every four or five days, beginning about midday, and lasting till midnight. He had now almost constant fever, nocturnal perspirations, and œdema of the lower extremities. At this time, a vein was opened in the foot, and, for the first time, bleeding gave relief. He went on sometimes better, sometimes worse, till the 3d of March, 1825, when he began to go out in a carriage. He continued to be bled, and to use the warm bath, from time to time. In the Spring of 1826, this unfortunate patient experienced another exasperation of the malady, apparently from having taken a glass of wine. The fever, the furred tongue, the constipation, and other symptoms, became as bad as ever, and leeches were frequently applied, as well as blood taken from the arm. Milk diet was solely employed—and horse exercise was taken. In the months of May, June, and July, the patient ventured on small quantities of fowl and bread. They were digested with pain, and the digestion was almost always accompanied or succeeded by sense of distention in the stomach, difficulty of breathing, acceleration of pulse, and heat of skin. These symptoms were

mitigated by decreasing, or entirely omitting, the poultry and bread. Bleeding, however, almost invariably increased the distress. In the course of this Summer, the cold-bath was cautiously tried, and was evidently productive of benefit. In October, 1826, the patient came under the care of Dr. Barras. At this time, his food consisted of small quantities of milk, gruel, chicken, buiscuit, and a few well-boiled vegetables, with water for drink. This diet still produced distention, pain, and even some fever. But his strength was considerable, and he was by no means emaciated. His own remark was as follows:

"My stomach is so capricious, that what will agree one day, will disagree the next; but I always find, that a simple diminution in the *quantity* of my food has more effect in reducing the symptoms than all the leechings or other means that can be devised."

The above case presents a good example of that *morbid sensibility* of the stomach and bowels which seems to constitute the principal feature in dyspeptic affections.* We consider the disease to have been, fundamentally and generally, a gastralgia, rather than a gastritis; but we have little doubt that, occasionally, there was some inflammatory action mixed up with a high degree of nervous irritation in the digestive apparatus.

Dr. Barras has introduced a considerable number of cases from a work by Professor Schmidtman of Berlin, on cardialgic affections, in which the German physician takes nearly the same view of the disease as our author. The plan of M. Schmidtman was generally the exhibition of bitters and tonics, with light plain food, in small quantities, rather than the leechings and slops of the Broussaians. These cases we need not detail. Nor shall we stop to portray the etiology of the disease, as we have given a pretty full view of this in the analysis of the original Memoir.

### THEORY OF NERVOUS AFFECTIONS.

M. Barras conceives that, from an attentive observation of the phenomena of the neuroses, we may divide them into two

* The following passage in a work recently published by Professor Schmidtman, of Berlin, shews the most remarkable correspondence of ideas between the German physician and Dr. Johnson, on the state called morbid sensibility of the stomach.

"Quantum investigando (says he) et cogitando potui assequi, cardialgia primaria (the name which he gives to dyspepsia) semper fundatur *in nimia et immodica ventriculi sensibilitate.*"—Summa Observationum, &c. Berlin, 1826.

classes or states—namely, neuroses dependent on irritation or excess of tonicity—and, neuroses dependent on debility, or defect of tone in the nervous system, in the same way that we have inflammations of a *sthenic* and of an *asthenic* character—and hæmorrhages of an active and passive nature. He denominates the former "neuroses *per erethismum*"—the latter, "neuroses *per atoniam*." Tetanus is adduced as the prototype of the former, (tonic neurosis,) and paralysis as that of the latter—or atonic neurosis. The one class is characterised by *exaltation* and disorder of the sensibility, and also of the functions of the nervous system—the other, by depression (affaiblissement) and trouble of the sensibility and functions.

But, as Nature always proceeds by gradual steps, and never suddenly, so, between erethism and atony, there are innumerable shades, till, at length, the two extremes meet and intermingle. But it is to be remembered, that *debility* of the nervous system is very frequently accompanied by *irritability* of the same system, a circumstance that embarrasses us much in the application of remedies. Hence the danger of using stimulants in cases of debility of the stomach, for example—since the morbid sensibility of the same organ may thus be greatly exasperated. "Alors la maladie ne parait consister que dans une *mobilité* extraordinaire de l'appareil sensitif, et elle n'a, pour principal symptôme, que *l'aberration de la sensibilité* et des fonctions de cet appareil." In short, it comes to that state denominated by Dr. Johnson, "MORBID SENSIBILITY"—a condition seldom absent in this class of maladies:—a condition which, as often combining the elements of atony and irritability—of phlogosis and neurosis, demands a mixed or alternated treatment, according as one state or other happens to predominate. It is incredible the mischief that is done by *routine* practice in this class of human maladies! The drastic purgatives, the fiery tonics, and the long continued mercurials, are the bane of dyspepsia—and even where the medicines are proper, the inattention to diet, both by patient and physician, often renders fruitless the whole range of the Pharmacopœia. Well may Dr. Barras observe, that the treatment of dyspepsia "est hygiénique plutot que medicinal."

The author before us remarks that, the precept laid down by most medical men, "to eat little and often," is an error into which he himself fell—and to his cost.

"In this complaint," says he, "it frequently happens that a pressing desire for food takes place a few hours after a reasonable repast. Woe to him who indulges this appetite! It is a morbid sense of hunger

which ought to be borne with, unless extremely urgent."* It is certainly better to eat at stated periods, of regular duration, than to be frequently satisfying the stomach. At the same time, it is necessary, in these cases, not to use too sparing a diet, even where there is pain or uneasiness after eating, otherwise the stomach will, as it were, prey on itself, and the irritability will be increased. Indeed, it requires all the vigilance of the physician to watch and manage these cases, so as not to err on either extreme."

We consider that our author has verged towards a dangerous point in the following precept.

"In those cases of gastralgia accompanied by appetite, the patient may eat with perfect security, and without fearing gastritis. He ought not to retrench one particle of the usual quantity taken in health, except in some rare cases, where the alimentary matters are rejected—that is, where the sensibility of the stomach is so exalted, that it cannot bear the contact of victuals. Neither the malaise, the weight at the epigastrium, the exasperation of pain after eating, or even the vomiting of watery matters, some time after meals, should deter him from taking food, since these inconveniences are less prejudicial than continual hunger—and of two evils, it is better to choose the lesser."

We certainly should counsel the patient, in such cases, to keep a guard over his appetite, and not eat quite so much as in health, however pressing the desire for food. We agree with the author in the following precept. "Those who do *not* feel this sense of hunger should content themselves with a small quantity of food, but not abstain from it entirely, unless the aliment be vomited up soon after eating. I have found a small quantity of food, under these circumstances, better than entire abstinence." In those inordinate appetencies, entitled bulimiæ, he cautions the patient against eating to satiety. "In all cases, it is best to eat at stated periods, and to confine the meals to three in the 24 hours."

The quantity, as well as the quality, of our food, in gastralgic affections, is to be strictly attended to. Chicken broth, with rice, barley, or biscuit, is the best species, according to our author, to begin with, and then to gradually ascend to mutton, and even beef, carefully watching the effects. Dr. Barras seems to have a great partiality for rice and maize, but to dread some other of the farinaceæ, as salop, tapioca, &c. He does

* This ravenous desire for food, so soon after eating, is a strong proof of "morbid sensibility" in the stomach. This organ cannot bear the presence of food long enough to be perfectly digested, and the consequence is, that the food is passed into the duodenum in a crude state, and due *assimilation* is never performed. Hence the patient wastes in flesh, and decays in strength, while he eats more than a person in health.—*Rev.*

not object to gruel and panada. Dr. B. is inordinate in praise of sugar, as being "veritablement l'ami des nerfs." We have no objection to a moderate proportion of this substance, against which an unfounded prejudice exists on this side of the Channel. Tender and well-boiled vegetables may be ventured on, and continued, unless they produce flatulence or acidity. Asparagus, sea-cale, cauliflower ,young turnips, may be tried when the patient is tired of stale bread and biscuit.

For drink, our author advises water, just coloured with claret or old Burgundy. "In those numerous cases where it is impossible to say whether erethism or atony most prevails, and where we see only proofs of morbid sensibility of the stomach, we ought to begin with the very lightest species of food, in small quantities, and gradually ascend in the scale of diet, according as the digestive power of the stomach improves, and its morbid sensibility diminishes."

He very properly remarks, that we can only lay down general rules, in our dietetics, subject to numerous exceptions, varying with the idiosyncrasies of different patients.

Epigastric leeching, Dr. B. confines to cases where the patient is robust, where eruptions or evacuations have been suppressed, and where there are strong symptoms of gastritis, rather than gastralgia. To the vegetable acids and gum-water, so useful in chronic inflammation of the mucous membrane of the stomach, he decidedly objects in cases of dyspepsia.

The morbid sensibility of the gastric and intestinal nerves being once subdued, or at least allayed, we may have recourse to light bitters, and ultimately tonics. But our author very prudently warns the practitioner against the too early use of these medicines, by which thousands of stomachs in these kingdoms are ruined! "Mais, si une longue medication adoucissante entretient et perpetue les maux des nerfs, il y a aussi du danger à passer tout d'un coup à l'emploi des fortifians; ce passage subit et sans gradation ne manque pas de renouveler l'irritation nerveuse:—Il pourrait même enflammer l'estomac."

The author touches on various points of hygiene, as connected with the treatment of gastralgia. He strongly recommends the air of the country, and hints at the good effects of travelling; but he is evidently unacquainted with the powerful influence of this last species of exercise and recreation on the digestive organs. The French, indeed, are bad travellers—at least they have not half the passion of the English for this agreeable mode of life; nor do they seem to enjoy the natural beauty or majesty of scenery like their insular neighbours. Be this as it may, the man of opulence, or even moderate means, who la-

bours under any of the more severe forms of gastric disorder—and God knows these forms are numerous enough, does a great injury to himself, if he tries not the effect of travelling for its cure, especially among the mountains of Scotland, Wales, or Switzerland. But, as we shall take another opportunity of laying before the profession some more extended observations on this subject, we say no more at present.

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## V.

*Observations upon the Origin and latent Period of Fever.* By Henry Marsh, M.D. &c. Assistant Physician to Steeven's Hospital, &c. &c. &c. Octavo, pp. 83. Dublin, 1827.

[From the Dublin Hospital Reports, Vol. IV.]

The subject discussed in this paper is of the greatest importance, and has hitherto attracted but comparatively little attention. Great labour has been expended on the investigation of the causes, remote, predisposing, and proximate, of fever; but the interval between the reception or the impression of the cause of disease, and its *manifest* operation on the animal economy, in the shape of unequivocal disorder, seems to have excited little examination, or even speculation. It would be exceedingly curious—perhaps very useful, to know what is going on during this period of incubation—to ascertain where the poison resides—on what organs or structures it is secretly operating—and how the constitution is employed in meeting or resisting the deleterious agent. If these things could be ascertained, we would probably be able to counteract some of the causes of diseases, (as the contagions and miasmata) during their nascent or latent periods of existence in the animal economy.

The paper of Dr. Marsh occupies a considerable space in the last volume of the Dublin Hospital Reports, and we deem it amply sufficient for an article in the present Number of our Journal.

Dr. M. considers, *first*, the manner in which febrile disease is produced—*secondly*, the symptoms of the latent period—*thirdly*, the treatment adapted to *this stage* of the disease.

I. *Mode of Production.* Mere reasoning will not unravel this mystery. Nature herself must be interrogated, and her

operations faithfully noted. If this had been done always, instead of theorizing in the closet, he thinks the subject of contagion or infection (he properly considers the two words synonymous, as all infectious miasms must necessarily be contagious before they can operate on the human body) would not now have remained so much in obscurity. The following are the facts, in the order of their occurrence, which drew our author's attention to the subject, and seemed to throw some light on an obscure point of pathology.

1. A female, aged 24 years, admitted into one of Dr. Crampton's wards in the Whitworth Hospital, 24th November, 1817, makes, voluntarily, the following statement:—

"On the Wednesday preceding the day of her admission, a person not yet recovered from fever came into the house where she then was, and sat down close beside her. She became immediately sensible of a heavy disagreeable odour arising from the person of this individual, which disgusted her exceedingly; she was instantly affected with head-ache, and became so weak that with difficulty she could move her limbs or stand. That very evening long continued rigors came on, followed by heat, to which succeeded perspiration; she spent a restless night, slept in an agitated manner, and awoke unrefreshed. She was admitted into the hospital, labouring under the ordinary symptoms of fever in an intense degree; she complained of severe head-ache, great prostration of strength, and was covered with large and florid petechiæ: her fever was tedious, and her recovery slow." 457.

2. On the 17th June, 1818, Nurse Smyth, in the Richmond Penitentiary, administered an enema to a typhous patient, during which operation, the patient's bowels were suddenly evacuated.

"The smell issuing from the fæces produced immediate and most intense head-ache, and her strength at the same time was so completely exhausted, that she had neither power to move nor to support herself on her limbs. In a few hours afterwards she was seized with a severe rigor; but, being placed close to a large fire, she became warm, yet not without occasional sensations of chillness; feeling as if some cold substance moved slowly along her back. Typhous fever, of a severe character, yet presenting no unusual symptoms, supervened. The patient to whom the enema had been administered died in two days afterwards, having exhibited the worst characters of petechial fever." 457.

3. A nurse applied leeches to a patient in the last stage of typhus, whose body was covered with petechiæ. The smell of the patient's breath greatly incommoded the nurse. Shortly afterwards she had a rigor, and felt as if cold water was trickling along the spine. Fever quickly ensued, after taking an antimonial emetic; but it was mild, and she recovered.

4. A nurse was employed in washing the linen of an old woman labouring under typhus, covered with petechiæ, and exhibiting all the worst symptoms of that fever. The smell of the sheets affected the nurse powerfully and disagreeably. She was instantly seized with head-ache and great debility. Soon afterwards she had rigor, and when Dr. Marsh saw her, she had head-ache, nausea, and prostration of strength. Her skin was hot, pulse frequent and full. Venesection—leeches to the temples—free purgation. Her fever subsided on the fifth day.

5. A young gentleman, from motives of humanity, visited some poor people living in a wretched apartment, in one of the filthy lanes of the City, and where two people were labouring under bad fever. On opening the door, the smell immediately sickened him—he returned home unwell—and spent an agitated night. Next day, Dr. M. met him in the street, and was struck with his altered appearance. He was pale—his skin had a dingy appearance—there was a livid circle below the eyes—and he complained of great languor and debility. In the evening, his eyes were deeply suffused—cheeks flushed—skin intensely hot—mouth parched—tongue loaded—pulse 120, full and resisting—breathing hurried—frequent sighing. Temporal arteriotomy to 24 ounces, by which he was much relieved; but had a wretched night, and was delirious. Nevertheless he awoke next morning free from fever, and only complaining of debility.

6. A nurse, while occupied about a patient labouring under petechial fever, (and who died two days afterwards,) was struck with a heavy smell, which affected her disagreeably, and produced head-ache, accompanied by languor of several days duration. She was at length obliged to take to her bed, and, during a protracted fever, never ceased to complain of intense head-ache and præcordial oppression. Her convalescence was tedious, and it was a long time before she got rid of the weight and oppression at the cardiac region.

7. The Rev. Mr. Fletcher visited, before dinner, a small hospital for fever cases among the parochial poor. While speaking to a woman, he found himself standing among straw, in which was some feculent matter voided by a fever-patient. The effluvium struck him forcibly—and he immediately felt pain of head and sickness of stomach, with such excessive debility that he was unable to stand, being obliged to support himself against an adjoining gate-post. He had rigor that same evening, and a fever of unusual severity ensued, during three days of which, the pupils were permanently dilated, and he lay in a state of total insensibility.

8. Dr. Crawford (one of our author's fellow-labourers) gives the following account, in his Thesis, of the manner in which he became affected with the fever.

" ' On entering a ward very early in the morning, where lay a woman labouring under the worst description of fever, as I approached the bed, I perceived a disagreeable fetor, and was instantaneously struck with head-ache and nausea. In two days afterwards I was seized with a fever of the same character.' " 461.

9. In a few hours after visiting a bad case of typhus, Dr. James Clarke met Dr. Cleghorn in the street, and observed that he had got a *fugh* (a word in Scotland meaning a heavy disagreeable smell) at the hospital that day, of which he could not get rid. He dined, however, heartily at Dr. Ferguson's; but not finding himself well in the evening, he took six grains of calomel. Next day he could eat nothing. He now became affected with fever, and died on the eleventh day.

" 10. Dr. Waring, on visiting a patient labouring under typhus fever, found the room so close that he instantly broke a pane of glass in the window. On his return home, he told Mrs. Waring that he had got a knock on the head, which all the College of Physicians could not cure. Dr. Cleghorn saw him on the next day, when he repeated to him the same words. He had been engaged in lecturing for Dr. Cleghorn during the preceding days; and had very much overworked himself. The fever, thus produced, was fatal." 462.

11. Dr. Parkinson visited a fever patient, residing in a small apartment, destitute of ventilation, and, while standing close to the bed, the patient suddenly sat up. "Having perceived a most disagreeable smell, he observed at the instant that he had caught the infection." He rushed to the window and forced out a pane of glass. Next day he made no complaint, but appeared dull and out of spirits—he was flushed, and yet he said he felt cold. On the succeeding day he had severe head-ache, and in a few days more he died.

12. The following was Dr. Marsh's own case. On the 4th February, he found himself in good health and spirits. On the 5th he took a scanty and hurried breakfast, and the business of the day was laborious and fatiguing. At six in the evening he arrived at the hospital, and visited the fever ward, and, on turning down the bed-clothes of a fever patient, he perceived a highly disagreeable odour, by which he was oppressed and overwhelmed. He hastened home, not feeling very well, and ate a hearty dinner; but felt himself so chilly in the evening, that he could not keep himself warm by all the coats and cloaks he put on. He put his feet in hot water that night,

which brought out some perspiration. On the 6th, he was unable to leave his bed. On the 7th, he went out in a carriage, perspiring, yet chilly, with severe head-ache, aggravated by coughing or moving—great depression of spirits, amounting to absolute despair—mental agony—copious secretion of limpid urine—clammy perspirations of disagreeable odour—distressing sensation in the stomach, with occasional vomiting—disagreeable taste in the mouth—tongue still clean—pulse scarcely accelerated—no heat of skin. "To a short period of delirium succeeded idiotic manner and gesture—insensibility—spasmodic contraction of limbs—subsultus tendinum." For several hours his situation appeared hopeless; and during convalescence, so much was the nervous system debilitated, and so great was the exhaustion, that frequent fits, accurately resembling hysteria, occurred, excited by unpleasant thoughts, or some slight mental emotion. Upon return of consciousness in this fever, every object appeared to Dr. M. to be black, and beautifully exact and regular in its outline.

A great number of other similar cases are related—many of them happening to medical men themselves; but we think it is unnecessary to adduce additional proofs that a poison is received from the bodies of febrile patients which often produces fever in the visiter.

We shall now proceed to Dr. Marsh's observations on "the manner in which the febrile miasm, and other poisons, act primarily on the living body." He remarks that—

"An opinion is entertained by *many*, (he might have said by *most*,) that poisons, to produce their specific effects, must necessarily be first absorbed and mingled with the circulating fluid; and that, subsequently to this process, their peculiar injurious effects are called into action." 475.

Dr. M. thinks there are strong reasons to doubt the correctness of this opinion. The effects of poison are sometimes too quickly produced, he imagines, to be compatible with the process of absorption. That an instantaneous and very violent impression may be made on the sentient extremities of the nerves, so as to give a great shock to the constitution, or even induce death, there can be no doubt. A dose of prussic acid may unquestionably destroy life by its action on the nerves of the stomach, independently of any absorption. A powerful mental impression has often obliterated at once all the vital functions; and absorption would scarcely be contended for here, by the most stanch materialist. Dr. Marsh having adduced examples of the rapid manner in which narcotic poisons act on the nerves, and through them on the brain, proceeds to

apply the same explanation to the miasmal or febrific poisons. But certainly we think his reasonings are not quite convincing.

"From these facts, (those cases and others which have been detailed) it appears, that the poison of contagion produces its effects with the same rapidity as the narcotic poisons, to which we have alluded. Headache, debility, sickness at stomach or vomiting, are amongst the symptoms first perceived; these sensations, with the rapidity of an electric shock, are at the instant produced. This injurious impression upon the sentient extremities of the nerves is, in a few rare instances, so violent as to be very speedily fatal. More frequently the impression is less violent, but sufficiently strong to disturb the health, produce unpleasant sensations, and lay the foundation for disease. By far the greater number of patients, labouring under contagious fever, are not at all aware of the circumstances connected with the origin of their complaint; the impression at the time of their exposure being in general either unheeded or forgotten. Indeed the impression is oftentimes so slight, as to lead one to think that contagion does no more than predispose to fever, and determine the nature of the disease, of which exposure to cold, fatigue, or some such accidental circumstance, is the immediately exciting cause; so that there appears much reason to believe that many are so mildly affected, that, were it not for the super-addition of an exciting cause, they would altogether escape fever; hence it happens that numbers, affected with contagious fever, trace the origin of their complaint exclusively to cold, wet, and other exciting causes of disease; the time and circumstances of exposure to contagion having been entirely forgotten. Cases of this kind, which are by far the most numerous, throw but little light upon the origin of fever. It is only by a careful observation of facts of occasional and rare occurrence, such as those recorded in this paper, in which the effects of contagion are well-marked and striking, that we can hope to obtain certain and satisfactory results. In the instances recorded, in which the patients were sensible at the moment of the impression made upon the system by the febrile effluvia, some of the earliest symptoms complained of were headache, vertigo, nausea, vomiting, a sensation of coldness, and in many instances a sudden and complete prostration of strength. These primary symptoms did not always continue: in some instances they became less severe, or did in a good measure subside; yet the patient was not thereupon restored to health, on the contrary, a permanent injury was inflicted, and the foundation was laid in the system for a series of phenomena, which, taken together, constitute fever. The symptom, which is generally considered to mark the commencement of a febrile movement in the system, is that commotion of the nervous functions which has been technically termed a rigor; the interval of time between the injurious impression of the human miasm or other cause of fever, and the rigor or chillness ushering in fever, is that which has been denominated the latent period. In some instances the infliction of the injury and the first symptoms of fever are simultaneous; in these cases, a latent period can scarcely be said to have existed.

In other instances the fever begins and advances in a manner so slow and gradual, and its symptoms are so mixed up with those which belong to the latent period, that it is difficult to distinguish the one from the other; not infrequently the chillness is so slight, and of such frequent recurrence, and alternating as it sometimes happens with sensations of heat, that it becomes difficult, nay often impossible to ascertain the precise period, at which the fever may be said to have commenced. Indeed it may be observed that those cases of fever in which re-action, or a distinct febrile movement, either does not at all, or does but feebly and imperfectly take place, are amongst the most dangerous and formidable varieties of this disease; but the more ordinary march of nature is, that there shall be an interval of time, variable in duration, between the application of the poisonous effluvia to the surface, and the commencement of the febrile movement. During this interval of time a state of perfect health does not exist. In some instances, the deviation from health is so slight as scarcely to be perceived or regarded; in some it is obvious, and is rendered manifest, not only by the patient's own sensations, but also by the altered expression of his countenance; and there are instances, in which the latent period is one of the greatest danger, and one during which symptoms the most alarming and formidable do occasionally arise. The symptoms which characterise this period, whether they be slight or whether they be severe, indicate a disturbance affecting primarily and peculiarly the nervous system. This state of ill-health is evinced more by disturbed sleep, uneasy dreams, painful forebodings, depression of spirits, mental inquietude, loss of muscular tone and vigour, than by any definite symptom of disease." 485.

The above views are supported by Drs. Barker and Cheyne in their account of the late epidemic in Ireland. They observe:—"We are not of opinion that the time between the exposure to contagion, and the formation of the disease thereby caused, is a period of health: the nervous system was affected previous to any disorder of the circulating system." This position they illustrate by examples.

It has always been our opinion, that the febrific cause made its first impression on the nervous system; but this, we think, does not disprove that absorption *first* takes place—still less does it prove that absorption is not necessary at all. When we reflect that there is no part of the nervous system completely exposed, it is hardly possible to conceive that a poison acts on the sentient extremities of the nerves, without some degree of absorption having previously obtained. It may not be necessary that a poison should reach the brain, or make the round of the circulation before it produces some effects on the animal economy; but still we think that the probability is, that absorption, sooner or later, takes place.

The interval of time, between the infection and the mani-

festation of fever, deserves particular investigation. The clearest conception of the laws of nature, on this point, may be derived from an analysis of the progress of those exanthematous fevers propagated by inoculation. Thus, the variolous poison is applied to an abraded surface—an interval of apparent inaction elapses—then a local excitement takes place in the spot where the poison was inserted, and a disease similar to that from which the infection was taken, is produced. Although unseen changes are no doubt going on in the part, yet, as they are not cognizable by the senses, we may call this the first latent period. From the formation of the local disease, till the occurrence of rigors, or other symptoms, ushering in the constitutional disease, a second period intervenes. So, in diseases originating from impressions of cold on the surface of the body, a latent period is found to exist, as every one knows, though a narrow observance of phenomena would probably detail some obscure constitutional disturbances, which usually pass unobserved.

"I know not any conditions of disease more strikingly illustrative of these principles, than the effects immediate and remote of protracted operations, severe injuries, and extensive burns. In all of these a strong and injurious impression is made upon the nervous system; a period of disturbed nervous function, one corresponding with the latent period of fever, ensues. In severe injuries this is a time of the utmost danger; the injury inflicted upon the nervous system being oftentimes so great, that the patient sinks during the stage of depression. When a surface either of great extent or high organization, has been burned, the patient dies soon after the injury, exhibiting symptoms merely of deranged and injured nervous function; the shock to the nervous system having been too violent to leave the capability of reaction. When power is left in the constitution sufficient to excite reaction, then some degree of hope remains for the patient; new symptoms, and a new source of danger less immediately imminent than the first, arise. Now this is precisely what happens in the most intense and dangerous forms of contagious fever; the most formidable cases being those, in which the power of bringing about reaction is taken away, and the patient sinks during the latent period.*" 491.

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"* This is that variety of fever which Dr. Armstrong has designated congestive fever, a name derived from its supposed cause, viz. venous congestion: but those, who have seen the disease, or have read attentively his history of the symptoms, and who, at the same time, have observed other diseases of which an over-loaded state of the veins is a leading feature, will scarcely admit, that venous congestion (a change in the venous system, which, if it exist at all during life, is itself but an effect) can satisfactorily account for a series of symptoms, such as those which characterise this worst and most dangerous variety of fever."

Cholera morbus, especially the cholera of India, is instanced in illustration—many dying before re-action takes place.

In various diseases, the length of this latent period is various. Thus, in idiopathic fevers, it varies from a few hours to as many weeks or months:—In exanthematous fevers, its duration is more uniform. In certain other diseases, it endures to a length of time which is almost incredible, as, for example, in hydrophobia. Even in ague, the first paroxysm is very remote, sometimes, from the reception of the malaria. It is well known that the application of other noxious agents to the body will often accelerate the explosion of the disease. Thus, cold or intemperance will bring out the ague sooner than it otherwise would. It is also extremely probable, that the nature and force of the succeeding disease are greatly modified by accidents occurring during the latent period. A knowledge of this may be turned to a practical advantage.

"I am informed by Dr. Cheyne, to whom indeed I am indebted for this useful practical remark, that when symptoms of measles or other exanthematous fever appear in one member of a numerous family, it is his practice to put the other members upon their guard; he advises the diet to be regulated, and chills of cold, fatigue, and other exciting causes of disease, to be carefully avoided; that thus the impending fever may be rendered as safe and mild as possible; this is certainly useful advice, as the treatment of the patient, during the latent period, materially influences the progress and issue of the coming disease. Frequently we may observe in our hospitals cases, in which a debauch, excessive fatigue or exhaustion, exposure to wet or cold during the latent period, give to the fever a fatal character. From hence we learn one reason of the danger and fatality of fever amongst medical practitioners. During the latent period, with fever lurking in the system, they make an effort day after day to discharge their laborious duties; until at length they are reluctantly compelled to yield, the disease having gathered strength in the same proportion as they have made strong but ineffectual efforts to resist it." 496.

A minute investigation of the phenomena presented during the latent period of diseases, might probably afford important indications of the approaching storm. Thus, those who have slept in a damp bed often feel uneasy sensations in their joints for many days before the rheumatic fever sets in. Coryza in the eyes may lead us to expect measles, if the patient had been exposed to infection.

We may perceive that, in several of those cases which we have quoted at the beginning of this paper, one circumstance was very remarkable, namely, that many of the individuals were in a state of impaired health, debility, or exhaustion, at the

time of exposure. This condition of the system would appear to be necessary in some cases to render the pestilential effluvia operative. The more the health is unimpaired and the system vigorous, the more will the morbific agency be resisted. "The nurses in hospitals are continually exposed to the poisonous effluvia, yet they sustain no injury, except they happen to be, at the time, exhausted or debilitated."

Dr. Marsh dwells at some length on the various circumstances which tend to render the body susceptible of the operation of febrific effluvia, as cold, intemperance, fatigue, the depressing passions—in short, the whole range of circumstances which derange any of the functions of body or mind. These are so well known that we need not dwell on the *mode* in which they produce the susceptibility to fever.

"From the foregoing considerations it will not be difficult to arrive at a knowledge of the means best calculated to guard against contagion. In the first place, those whose duty compels them to visit patients labouring under infectious diseases, should avoid, as far as is possible, the concentrated effluvia, which emanate from the persons of the sick; from the facts stated it appears that the poisonous particles arise from the excretions, and are mixed abundantly with the cuticular and pulmonary exhalations; hence it is not safe suddenly to throw back the bed coverings, or to be exposed to the breath of the patient, particularly when he coughs or expires fully. It is not safe to enter a small room in which the exhalations arising from the sick are confined, and accumulated; therefore an important safeguard is a free current of pure air. The power of conveying infection appears to encrease with the advance of the disease, and seems greatest at the commencement of convalescence. In fact all prudent means should be adopted to avoid exposure to a full dose of this virulent poison, which, when concentrated, is capable of acting injuriously, even upon those whose health is perfect, and whose strength is unimpaired; yet there are a few who seem to possess an inherent power of resisting the action of this as of other poisons, unless applied in such doses as to be inevitably fatal.—As to the distance at which it is asserted there is safety, I can say nothing, because I am not furnished with data whereon to ground an opinion. Since the danger of infection depends not merely upon the degree to which the air about the patient is impregnated with morbid matter, but also upon the *degree of health and strength* of the person exposed, it seems to me that precise and unvarying calculations on this subject are not to be relied upon. If the room be well ventilated, and the person who visits the sick in health and in full vigour of mind and body, he may, without incurring risk, approach the patient's bed, and remain near to his person. He should avoid, however, the effluvia confined under the bed clothes, and the breath of the patient labouring under typhus. To avoid exposure to the concentrated effluvia is the first precaution: the second I have to mention, and that not less in importance, is, to avoid exposure, even in

a slight degree, at a time when the health is impaired, or when temporary debility or relaxation exist. Hence there is danger in exposure, immediately upon awaking from sleep, or at a moment of exhaustion from fatigue, from fasting, or from any other cause productive of debility. Being chilled with cold renders the frame susceptible of morbid impressions. An excess in eating or drinking, which rarely fails to be followed by exhaustion and debility, produces the same liability to receive disease, as insufficient and unwholesome nourishment. There are states of the atmosphere which produce, in a remarkable manner, this susceptibility of disease; this state of the air may, to a certain extent, be guarded against by attention to clothing, exercise, and diet." 517.

Dr. M. has met with some cases which incline him to believe that the *type* of fever has not any exclusive connexion with its cause—and that as much depends upon atmospheric influence or constitutional diathesis, as upon the immediate source of the disease. Thus malaria does not invariably produce intermittents, nor contagion continued fever.

Our author concludes with some remarks on the treatment suited to the stage of depression, or the latent period of fever. Unfortunately this is a period in which the physician is seldom summoned—hence the want of information on this important subject. It is of considerable moment in all cases, to investigate the *cause* of disease which has been applied. Thus, if it was an impression of cold upon the system, the means of counteracting the effects will be different from those employed where contagion has been received. In the latter case, our author believes, and we agree with him, that the fever can rarely be cut short. In general, and in spite of every effort, contagious disease will run a certain course—and, though it may be mitigated in severity, will seldom be stopped short in its career.

"The remedies which alone succeed in cutting short fever, are those which give a shock to the system; and the stronger the shock be, provided the constitution be able to endure its action, the more certainly will it succeed in extinguishing the disease. Occasionally, powerful emetics administered during the latent period, will give the system a shock sufficient to alter the course of the symptoms, and to enable the constitution to throw off the disease. Emetics, however, even at this early period, are not suited to all cases of fever. Sometimes I have known this remedy produce little other effect than determine morbid action to the stomach, and render that viscus exceedingly irritable during the whole course of the fever. When, therefore, it is the character of the existing fever to affect principally the stomach and intestines, emetics as also purgatives must be given with caution and reserve: and such emetic medicines should be selected as will not produce either too

much nausea or too much debility. This is the reason that Ipecacuanha should in the majority of cases be preferred to Tartar emetic." 533.

The effects of an emetic will be rendered more effectual, if followed by an opiate. The abuse of purgatives, at the commencement of fever, is justly exposed by our author. No measure is perhaps of so much importance as absolute rest during the latent period. Every exertion, mental or corporeal, at this time, only increases the severity of the approaching fever. All exposure to wet or cold—all repletion in diet, ought to be carefully avoided. At this period, a change of air is highly advantageous, and mildly cordial and diluting drinks, keeping quietly in bed, would, we are convinced, nip many a fever and many other diseases in the bud.

Here we must close our analysis. Although Dr. Marsh has not been able to throw much new light on so obscure a subject as the latent period of fever, yet he has brought forward many interesting facts—especially those respecting contagion. It has, of late, been fashionable to doubt the agency of this poison as emanating from human living bodies—and to attribute all fevers to malaria. We think the facts, stated from such authentic sources by Dr. Marsh, will stagger the most sceptical. They will also be useful in putting young men, who have imbibed the new doctrines, on their guard, when they approach the beds of those who lie ill with the fevers in question.

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## VI.

### PERITONEAL INFLAMMATION.

*Clinique Medicale.* Par G. ANDRAL, Fils.

[Hôpital de La Charité.]

IN a former number, (No. 11, for Jan. 1827, page 145—161,) we made our readers acquainted with a very able paper by M. Andral, on diseased conditions of the mucous membrane, and muscular coat of the stomach. We now proceed to the pathology of the peritoneum, occupying a considerable portion of the fourth volume of this able pathologist. The diseases of the liver will form a separate article, which we hope to include in our next number.

We have often drawn the attention of our brethren in this country to the pathological investigations of the French physicians, while we lamented the want of means—as well, per-

haps, as the want of zeal, in these islands, which has so long and so materially thrown us into the rear in this particular branch of the science of disease. We every day hear it urged, in excuse, that the investigation of diseased structures leads men astray, and makes them mistake effects for causes. Granting that this is the case, it is only the abuse of a good thing. Is there any possible way of connecting with their appropriate symptoms, the origin, progress, and acmé of organic changes in the living body, but by numerous dissections performed at all periods of the disease, from the first disturbance of function to the ultimate annihilation of the same, by structural alteration? We say there cannot be any other mode of acquiring this important information. The ancients were, no doubt, very clever and very correct in noting down the symptoms of diseases, and observing their causes. But they could not possibly have formed correct notions of the conditions of internal organs, of which the symptoms were mere indications;—because they did not examine into these pathological conditions. Their diagnoses were, therefore, mere guess-work, and not founded on accurate data. They must have been much more frequently wrong in their diagnoses than modern pathologists. Let us not then attempt to separate these two branches of medical knowledge—symptomatology and morbid anatomy—for on their perpetual junction and mutual co-operation our prognosis and therapeia must depend. The Frenchman may lean too much on post-mortem investigations—the Englishman may trust too much to the observance of symptoms during life—but the wise man will endeavour to make each process throw light on the other. With these few preliminary remarks tending to bespeak the attention—perhaps, the patience of our readers, we shall proceed to give some account of M. Andral's researches on peritoneal inflammation.

## I. Acute Peritonitis.

In the following cases, our talented and indefatigable author wishes to draw attention, *first*, to certain causes which are very generally operative in the production of peritonitis—*secondly*, to the different symptoms which indicate the existence of this serious affection—*thirdly*, to the march of the disease, which, in some cases, is so rapid that only a few hours intervene between the origin of the inflammation and death; while, in other cases, the inflammation, though always acute, will not prove fatal till after the lapse of thirty or forty days.

ILLUSTRATIONS.

*Case* 1. A boy, 15 years of age, of feeble constitution, a compositor in a printing office, went to work, in his usual health, on the morning of the 30th April. At 2, P. M. he felt a pain in the lower part of the right side of the abdomen, which obliged him to break off from his work. In the course of the night, the pain extended to the hypochondriac and epigastric regions, accompanied by vomiting and great prostration of strength. These symptoms continued the next two days, during which, he lay in bed and drank diluent drinks. On the 2d May, he presented the following symptoms:—face pale, and expressive of great anxiety—eyes dull—sensorial functions undisturbed—abdomen tense, and exquisitely painful on pressure, especially in the right side—frequent vomiting of bilious matters—obstinate constipation—tongue moist and white—pulse rather quick—skin hot and dry. *Venesection to* 12 *ounces,* 30 *leeches to the abdomen—fomentations—lavements.* The blood was inflamed. The pain was somewhat relieved. *May* 3*d.* Twenty leeches were applied to the abdomen. The vomiting ceased this day. *4th.* All the symptoms were ameliorated; but the abdominal tension continued—hence it was inferred that the inflammation had passed into a chronic state. Simple *ptisans—fomentations—low diet.* That evening he received cold from a window which had been left open, and next day, he was found in articulo mortis, when the physician went round.

*Dissection.* There was no appreciable lesion of the cerebro-spinal system, nor in the viscera of the thorax. In the abdomen, the peritoneal covering of the small intestines was remarkably injected, and a considerable effusion of whitish fluid in the hollow of the right ilium and in the pelvis. The stomach, liver, and colon, were covered with white concretions of a membraniform appearance. The mucous membrane of the stomach was pale. The same might be said of the small intestines, except a portion of ileum, near the ileo-cæcal valve, where the lining membrane was injected.

*Remarks.* The above case presents one of the finest specimens of uncomplicated peritonitis that can well be imagined, accompanied by well-defined symptoms. Here there was no apparent prodrome, or, as Dr. Marsh would say, "latent period," between sound health and violent disease. Pain was the first symptom, at first partial, and then more extended, with vomiting, and alteration of the features—all very characteristic of this dangerous kind of inflammation. The pulse here, as in many other cases, was deceptive, and its action not at all in proportion to the dangerous disease that was going on. The following case presents some curious traits.

*Case* 2. A young man, 18 years of age, had enjoyed habitual good health, till the 2d March, when, without any apparent cause, he was seized with sharp pains in the abdomen, not constant, nor always in

the same place. He kept to his room for five days, but took no medicine. On the seventh day of his illness, he came into La Charité, presenting the following symptoms:—face flushed—abdomen distended and tense, without any fluctuation—great sensibility to pressure—pulse small, very quick, and rather irregular—skin hot and dry—tongue coated yellow—constipation. Notwithstanding the time that had elapsed since the invasion of the disease, depletion was determined on, and 30 leeches were applied to the abdomen, to which were added lavements and fomentations. The patient was greatly relieved, the abdomen becoming less tense and painful. Leeches were again applied. For three days the sickness at stomach ceased—and a diarrhœa came on. Still the tension and tenderness of abdomen evinced that peritoneal inflammation was going on. By the 12th day of the disease, the abdomen was considerably distended, and very painful. The hypogastric region was covered with leeches, which reduced the swelling and pain. On the 14th day, the patient demanded his discharge from the hospital, as they did not give him enough of food. He got up and dressed himself, but was unable to leave the institution. The next morning he suddenly expired, being the fifteenth day from the commencement of the symptoms.

*Dissection.* The peritoneum was adherent to the convolutions of the bowels, by white and thick layers of recent formation. Beneath these the membrane itself was highly injected. There was considerable milky effusion in the pelvis. The internal surface of the stomach was pale. The same with the intestines. There was no other appreciable lesion in the body.

*Remarks.* The above is another case of pure peritonitis, and is remarkable for the craving of food, and the suddenness of the death. These two cases prove, as do thousands of others, that the different tissues may be separately inflamed, though such doctrine is very much scouted by our high-bred routine physicians, who dislike the trouble of accurate investigation and close observation.

*Case* 3. *Peritoneal Inflammation succeeding Rheumatism.* In a former volume, our indefatigable pathologist traced several cases of pleuritis, pulmonitis, and pericarditis, to sudden cessations of acute rheumatism. He observes that it is of little use to cavil about the term *metastasis*, in such cases, provided we bear in mind the fact, that a *sudden* disappearance of articular inflammation is occasionally followed by phlegmasia of an internal organ—and especially the serous tissues of those organs.

*Example.* A man, 57 years of age, was received into La Charité labouring under acute rheumatism, which shifted from joint to joint. *Several venesections* were practised. One day, the rheumatism suddenly ceased in the articulations then affected, and did not assail any of the others. But acute pains were soon felt in the abdomen, which became so violent, that the patient was forced to send forth the most piercing

cries. This appeared like *metastasis*, and sinapisms were applied to the articulations originally inflamed, while leeches in great numbers were clustered on the abdomen. Ultimately the patient was put into a warm bath. These means had no good effect—the pain invaded all parts of the abdomen, which enlarged much, and presented fluctuation. Death took place on the third day from the recession of the rheumatism.

*Dissection.* As soon as the abdomen was opened a flood of reddish fluid issued forth, containing some floating flocculi. The intestines were intensely red, and adhesions were forming in various places. The effused fluid resembled venous blood, but there were no coagula. There was no affection of the mucous membrane of stomach or bowels.

A curious formation was discovered in the examination of this man. From the fundus of the bladder there went off an oval pouch, which reached and adhered to the duodenum. It communicated with the main body of the bladder by an opening resembling the pylorus. The structure of this pouch or appendix was, in all respects, similar to that of the bladder itself.

We think the most sceptical pathologist will hardly deny that there was here a transference of inflammation from the joints to the peritoneum. We observe that the patient was bled *several times* for acute rheumatism. We are daily astonished and grieved to see the want of discrimination in bleeding for acute rheumatism. The generality of medical men are now getting it into their heads that inflammation is inflammation, wherever seated—however designated; and, consequently, that there is but one class of remedies—venesection and decisive depletion. It is no wonder that, under such routine practice, we see so many examples of metastasis of inflammation to the heart. Another measure which is very generally had recourse to, in acute rheumatism, is the warm, or rather the hot bath. This is a most dangerous procedure. It determines the tide of the circulation strongly to the surface, no doubt—but there is a subsequent retreat of that tide, which often sweeps with it the inflammation from the joints to the interior. Of this we have seen examples which left no doubt on our minds as to the fact.

*Case* 4. A curious pathological fact has, in these days of diligent investigation, been pretty fairly established—namely, that irritation or inflammation in the mucous membrane of the duodenum will sometimes produce jaundice, where no obstruction can be detected in the biliary ducts. This fact, we think, will ultimately throw some light on the nature of yellow fever. The following is an instance of this kind.

A female was confined, and the delivery was followed by profuse hæmorrhage. This was combated by cold applied to the hypogastrium, and by the introduction of *lemon juice into the cervix uteri*. On the fourth day, the lochia became suppressed, and the abdomen became the seat of severe pain. She was admitted into La Charité, her belly immensely distended and tympanitic, and accompanied by fever of the puerperal kind. Leeches and the usual means were employed, but without advantage. Next day she became completely jaundiced—and on the 3d day of the present illness she died.

*Dissection.* Great quantities of gas were confined in the intestines—these last were covered with albuminous effusions—and whitish puriform secretions were collected in the pelvis. The mucous membrane of the stomach was pale; but that of the duodenum was inflamed. On minute examination, no affection or obstruction of the liver or its ducts could be detected. The internal surface of the uterus was inflamed.

Dr. Andral thinks that the tympanitis may have occasioned the peritonitis. But extrication and accumulation of air in the bowels are such usual attendants on peritoneal inflammation, that we can hardly regard it in any other light than as the *effect* of the inflammation.

Here we must quit the subject of *acute* peritonitis. The symptoms of this dangerous disease are nearly as unequivocal as those of any other inflammation, though the treatment is more difficult. It is chronic inflammation of the peritoneum which produces such havoc, and which so generally passes undetected till it is too late for remedy. There are many cases of chronic peritonitis, where the disease goes on to fatal effusion—to tuberculation—or to adhesion of the intestines into a mass, and yet no *pain* may have been complained of at any period of the disease. More generally, however, chronic, is a sequel of acute peritonitis. We shall be able to introduce but two or three cases, offering peculiar features, before we close this article.

*Case 5.* A tailor, 24 years of age, was seized with abdominal pains, in the beginning of December, attended with diarrhœa. He kept his room for three weeks, and then came into La Charité. The abdomen was distended, and fluctuation was obscurely perceptible. The diarrhœa continued—the tongue was red at the point—vomiting—quick pulse—cough. Auscultation and percussion could detect no disease of the lungs; but they had no doubt of inflammation, both of the peritoneum and mucous membrane of the bowels. *Leeches, fomentations, low diet.* During the next four or five days there was no diarrhœa, but the symptoms of peritonitis continued. During the remainder of January, the abdomen got larger, the pulse very quick, and the skin dry and rather hot. In the beginning of February, the cough increased, and some oppression was felt. The chest, however, sounded well, and the

respiration was heard throughout, without any wheeze. He died, exhausted, on the 15th February.

*Dissection.* The abdominal parietes were strongly adherent to the intestines—and there was an effusion into the abdomen, of a brown colour and fæcal odour. The small intestines were glued together, and covered with false membranes, which membranes were studded with tubercles. Beneath these membranes, the peritoneum was found of its natural colour and structure. Between the peritoneal and mucous membranes, a number of tubercles were developed, some of which were softened down, and had burst through the peritoneal covering. Within a few inches of the ileo-cæcal valve, the coats of the ileum had given way, and there existed a perforation. The mucous membrane of stomach and bowels was pale and healthy. There were some crude tubercles at the summit of each lung—and the pericardium was adherent to the heart by a thick layer of false membrane, studded with tubercles.

*Remarks.* The above is a very well marked case of tuberculated accretion of the serous membranes, with effusion—all, no doubt, the consequence of chronic inflammation. This case also presents a specimen of perforation of the intestine, proceeding *from without inwards*, and caused by the softening down of tubercles. The following is another striking example of the ravages which chronic peritonitis is capable of effecting before death.

*Case* 6. A shoemaker, aged 19 years, experienced, in the month of May, some acute pain in the abdomen, which did not, however, prevent him from work for some days. At last he took to his bed. There was pain on pressure, but no vomiting or diarrhœa. There was cough and fever every evening. In July, there came on a diarrhœa, and, on the 12th August, he entered LA CHARITÉ. His face was pallid and swelled—some œdema of the ankles—pain about the umbilicus augmented by pressure—belly rather tumid and presenting fluctuation—three or four liquid stools daily—slight cough—quick pulse—morning perspirations—great emaciation of the thoracic parietes and the arms. In the course of the month of August, a strict regimen and fomentations entirely relieved the pain; but the cough increased—the diarrhœa continued—the perspirations became more profuse—the debility and marasmus made rapid advances, and the patient died on the 31st of the same month.

*Dissection.* There were several ounces of serum in the pericardium, the heart itself being apparently sound—superior lobe of the left lung converted into a tuberculated mass, leaving scarcely a trace of parenchymatous structure. Numerous tubercles in the rest of the lungs. In the abdomen, a considerable quantity of yellow serum—epiploon greatly

indurated and tuberculated—intestines glued together by false membranes, these membranes being studded with tubercles—internal surface of the stomach pale, except near the pylorus, where it was discoloured —an ulceration close to the ileo-cæcal valve above—and one or two below that apparatus. The valve itself was ulcerated, and a complete *perforation* of the coats effected.

The above case offers an instance, to which the attentive practitioner would often find parallels, where ulceration of the intestines takes place, attended with so little pain, that the disease would not be at all suspected. We believe, indeed, that, in the present state of our knowledge, there is really no pathognomonic sign by which we can ascertain the existence of this dangerous—generally fatal malady! This uncertainty, however, should put us on our guard against that system of drastic purgation, now so indiscriminately put in practice by *routinists*, without thought or consideration.

Here our review of M. Andral's work must terminate, for the present. The work abounds with ample illustrations of abdominal inflammation, drawn from the clinical practice of a public hospital. They are highly deserving of attention. We are gratified to observe that, in all our medical discussions, in the various societies of this metropolis, the subject of pathology, as cultivated by our continental neighbours, is now exciting universal interest, and that what we have long urged in this Journal, is confessed with one voice—the superiority of continental pathology over that of this country. It is humiliating to observe the sneers with which our fashionable physicians, in this metropolis, regard the study of pathology. Dr. Hodgkin, in his paper on Medical Education, lately read and discussed at Guy's Hospital, alluded to the disgraceful fact, that—in the theatre of the Royal College of Physicians of London, a systematic attempt was made to depreciate the study of morbid anatomy! Such a fact will place us in a pretty light on the Continent! But we trust the present, and especially the rising generation, will wipe off this foul disgrace to science, and prove that Englishmen, when once aroused, will evince that native energy so strongly inherent in them, and shew that they are not to be outdone in any pursuit, where the health and comfort of their countrymen are concerned.

## VII.

*Memoirs of West Indian Fevers; constituting brief Notices regarding the Treatment, Origin, and Nature of the Disease commonly called YELLOW FEVER.* By JAMES WILSON, M. D. of the Royal Navy. Octavo, pp. 217. Burgess and Hill, October, 1827.

ALTHOUGH WAR has long ceased to afford victims for yellow fever, on a large scale; yet, the disease has not altered its character. Whenever the seasons suit, and the European comes within the range of its pestilential breath, this devouring angel proves itself as merciless and destructive as during the disastrous expeditions and campaigns of the revolutionary war. The number of works which issued from the press, in the course of that prolonged struggle, on the subject of yellow fever—the jarring and conflicting testimonies respecting its nature—and the general inefficacy of treatment in the more concentrated forms of the disease, produced a kind of reluctance in the public mind to listen any longer to the declamations of the brawling controversialists—and the consequence was, that we have had but little on the subject, in the English language, for several years past. On the Continent, indeed, a species of desultory warfare still reigns between the contagionists and anti-contagionists; but, in this country, we are heartily sick of such discussions, as the parties have never been able to convert each other to their respective creeds; nor have they succeeded in producing any general conviction in the minds of the public, as to the true state of the questions agitated.

Dr. Wilson, the author of the work under review, although he touches on all the different points of controversy, yet writes like a medical philosopher and a practical man, investigating calmly, and observing accurately, the phenomena of the disease, its real or supposed causes, and the means which have proved efficient or ineffectual in the treatment. On this account, Dr. Wilson is entitled to a candid perusal, although he may be found to have embraced some tenets and views which are hardly tenable in the present state of medical knowledge.

The work is dedicated to the Medical Commissioners of His Majesty's Navy—Drs. Weir and Burnett; and, in his Preface, the author states it to be his chief object to point out the difference between the *inflammatory* and *congestive* modifications

of West Indian fever, and to indicate the principles of practice adapted to each. In this place, Dr. W. takes an opportunity of paying a just tribute to the deep thought and talented researches of the late Dr. Jackson, whose writings on fever were never generally appreciated in the manner they deserved, owing, perhaps, to a want of perspicacity—or, at all events, to want of power in conveying his own thoughts to the minds of his readers.

The work contains five memoirs—the first consisting of cases, illustrating the mild inflammatory—violent inflammatory—intense inflammatory—slight congestive—aggravated congestive—and apoplectic congestive, forms of fever. The second memoir is on the *cause* of yellow fever:—the third memoir develops "*new opinions*" as to the cause of fever:—the fourth memoir discusses the question, whether West India fever be or be not, a peculiar disease:—and the last memoir is dedicated to an investigation of the *manner* in which the cause of fever impresses the body.

We shall pass very lightly over the first memoir. A severe visitation of this endemic among the crew of the Rattle-snake, appears to have furnished Dr. Wilson with examples of the six forms or modifications above alluded to, and we believe they are carefully copied from life. The following extract will convey a good idea of the different grades of the inflammatory genus.

"The most constant and prominent symptoms of the inflammatory were, with or without rigor, frequency and strength of pulse, wiry, compressed, or full; a hot non-secreting condition of the skin, particularly at the præcordia and across the forehead; headach, confined generally to the sinciput, with sense of fulness in the eyes and tightness between the temples; jactitation, and constant rolling or otherwise moving of the head; flushing of face, with prominence, wildness, and sometimes inflammation of the eyes; pain in the back and loins, shooting across the anterior parietes of the abdomen, involving the whole contents in tumult; aching in the lower extremities, especially the knee joints, calves of the legs, and tibiæ; sometimes abdominal tension and tenderness in the early stages, sense of emptiness and exhaustion there as the disease proceeded. In the course of the second evening, the symptoms were generally aggravated, and the stomach in many cases became irritable; but this symptom did not occur in the *intense*, and was very tractable in the *mild* species; in the violent, it was exceedingly unmanageable, and often could not be arrested till fatal symptoms came in its train. Delirium was an early symptom in the *violent* and *intense* species, and was always attended with great danger. Costiveness was generally obstinate at the commencement, but was sometimes succeeded by troublesome purging and tenesmus. The tongue varied much in

appearance; generally it was white or yellow, loaded and dry, becoming brown or black; urine scanty, high coloured, and attended with dysury in passing; thirst continued and insatiable. The disease generally ran its course within the fourth day. The treatment was briefly as follows.

" In the *mild* species one moderate bleeding, with cathartics and diaphoretics, in most cases, left the patient convalescent in a few days.

" In the *violent* species it was necessary to bleed largely and repeatedly, *viz.* to the amount of sixty, seventy, or eighty ounces in the first twelve hours; and it was gratifying to observe the benefit resulting. For instance, a man complained of excruciating pain in the head, which he moved incessantly; his eyes were wild, inflamed, and impatient of light; the head, according to his own expression, splitting to pieces; the circulation so hurried and tumultuous, that the body was agitated by every pulsation, and the throbbing of the heart visible through the clothes; the skin scorchingly hot and dry; and the entire aspect indicative of great distress. Yet that man, by copious abduction of blood, free catharsis, and a full dose of calomel and opium, was free from complaint on the second day of the disease, and in a few days more capable of returning to his duty. Such was the general plan of treatment in this form of the disease, and such, in a great majority of instances, the result.

" It was far otherwise in the highest grade of inflammatory fever, or that which I have denominated *intense*. There the vascular action was so overwhelming, and the progress to disorganization so rapid, and often so irresistible, that all endeavours to arrest the disease were unavailing. Symptoms could be mitigated, but the character of the disease was seldom changed, or its force broken: within the first twelve hours the patient was delirious, often furiously; at other times it was the delirium of engorgement and oppression. In both cases, the action of the carotids was tremendous; the face red, and frenzied in expression; the eye sometimes clear, quick, and piercing, sometimes dull and darkly inflamed, always indicative of great cerebral derangement. The skin had an intensity of heat scarcely conceivable, particularly on the breast, neck, and head. The tongue was parched, hot, and apparently diminished in size; of various colours, generally brownish. The stomach was retentive, and the bowels costive, but not very obstinately so. This state of inordinate action sometimes continued till near the close of the disease, the patient, in such cases, expiring in a fit of violent convulsion. In other cases, the high excitement ceased suddenly, and, as it were, by a momentary act, and was succeeded by coldness of surface, a state of circulation and respiration scarcely perceptible, calmness of countenance, and perfect quiescence of the body, which soon issued in death without a struggle. The disease was of short duration; and no remission could be observed during its course.

" In such cases evacuation was pushed to the farthest extremity that prudence could sanction. Blood was removed at once till some obvious impression was made on the vascular system or morbid condition, but

the latter was seldom effected, and this was repeated as often as the symptoms seemed to require the operation, till some favourable change took place, or such collapse or disorganization came on, as absolutely prohibited its further employment. At the same time such assistance was solicited as purging, blistering, scarifying, sponging, &c. could afford. Yet in many cases all was of no avail. The patient has been reduced by blood-letting, till faintness, vomiting, and cutaneous relaxation came on, and in an hour every symptom had risen to its former intensity. The blood-letting was repeated till the same state was induced, and in another hour every thing was to be done again; and thus many times in succession, till destruction of some organ, generally the brain, ensued. There was a fire, so to speak, kindled in the frame, which nothing could quench. I have heard of men, who boasted that they could cure every case of this disease; that was indeed vain boasting, and calls for no remark; but I have read in books of something very similar in pretension. I have no right to measure any man's success by my own; but I may be allowed to doubt, whether in such cases, and in circumstances like mine, such happy results are likely to happen to others." 11.

The congestive genus is a still more formidable and fatal disease—and that which embraced the greater number of Dr. Wilson's cases.

" A sense of stupor, weight, and oppression, rather than pain in the head; a feeling of helpless debility, affecting the spine, most distressing about the sacrum; a paralytic failure of the lower extremities, with pains in the knees and calves of the legs; a pulse having all degrees of celerity and expansion, but always weak, sinking under the finger without resistance; a state of the skin various and difficult to define, but always deficient in tone, sometimes dry and tense, sometimes greasy, and sometimes drenched in sweat; generally without increase of heat, except at the præcordia, where it was confined and smouldering; a most distressing expression of countenance, deadly pale or livid in colour; a drunken idiotic eye, with dilated pupil and sleepy motion; deafness; desire to be left alone; sighing deep and interrupted; early tendency to coma; tension of the hypochondria; and early irritability of stomach; were the principal symptoms by which this division of the disease was characterised.

" In the lowest grade of this genus, *viz.* the *slight*, these symptoms were not all perceptible, and those that were, had a mild and manageable character. Moderate purging, followed by the use of calomel in five grain doses, two, three, or four times daily, with or without opium and antimony, according to the state of the stomach and skin, soon roused the slumbering energies of the brain, adjusted the balance between the nervous and vascular systems, and restored health.

" In the second or *aggravated* species, more forcible measures and greater perseverance were necessary. I generally bled, as soon as possible, to the extent of ten or twelve ounces at first, for even that quantity

induced faintness and vomiting; then administered a purgative medicine; and repeated the blood-letting, or not, according to circumstances. Beyond this I seldom thought it safe to abstract blood; but trusted the remainder of the cure chiefly to calomel. And here I think mercury a remedy of great, of paramount utility. When the patient says that he has no pain; is ill, but cannot tell what is the matter with him; when he turns away with a countenance of helpless despondency from the person addressing him, letting the head drop as in hydrocephalus; when the pupil begins to dilate and hearing to fail; when he shrinks on applying the hand to the epigastrium, and vomits every thing which he swallows, and even in larger quantities; then, in my opinion, nothing can supply the place of calomel. But it must be given largely, and perseveringly. From ten to twenty grains, twice or thrice daily, sometimes with opium, sometimes with antimony, or both, and sometimes alone, I have given in such cases, and, aided by blisters, &c. I have reason to be satisfied with the result. Ptyalism will, in most cases, soon be established; but after all that has been written on the subject, I think I have witnessed the perfect benefit of its operation, without that manifestation. I tried turpentine, but it did not answer my expectations.

"In the highest grade of congestive fever, or that which I designate *apoplectic*, I had to deal with a much more formidable and fatal disease. In the preceding species, there were generally some slight premonitory symptoms; but in this the attack was like the effect of electricity. In an instant its subject was seized with giddiness, dull pain of head, and confusion of ideas; a sense of coldness, weakness, and indescribable uneasiness along the spine; spasmodic pains in the legs, and paralytic incapacity of the lower extremities. He lay as if stunned, and labouring under concussion of the brain, with dilatation of the pupils, and a gloomy, despairing countenance. The pulse was rapid or slow, full or small, but always weak. The skin was cold, generally greasy, or covered with cold liquid sweat, sometimes dry and lifeless. The stomach was sometimes irritable from the beginning, and there was a strange compound sensation of desire for drink and loathing when tasted. From this state the patient, in some instances, never rallied, but sunk down rapidly to dissolution: he became perfectly comatose: the blood seemed to stagnate in the brain and large internal trunks, and, with filmed glassy eye, faltering pulse, and involuntary discharges, he soon expired. In other instances there was reaction, but faint, partial, and irregular: then existence was protracted, and hopes entertained which were seldom realized, profuse hæmorrhage coming on and exhausting life.

"In such cases, medicine, I fear, will never effect much; and, placed as we were, I consider the usual methods of treatment altogether useless. In some instances, where vascular action succeeded the first fearful impression, I tried blood-letting, and am persuaded that it did mischief; whether or not it might be useful if hot baths and powerful frictions were premised, I cannot say; but I have the strongest convic-

tion, that, without some such preparatory process, it will only precipitate the fatal event. I endeavoured, by friction occasionally, blisters, and calomel, to rouse the sensorial and vital powers from their appalling lethargy; but I must admit, that, with thirty-five cases of fever on my hands at a time, and without assistance, these means were not followed up to my satisfaction. That no other method of treatment would have had happier results, I cannot pretend to say; but I should not expect much from any method. Still I would not leave the patient to his fate, in hopeless inactive despondency. With proper 'appliances and means,' I would endeavour to arrest the disease by the following means; baths of high temperature, with strong frictions, electricity, and galvanism, stimuli diffusible and permanent, enemata of turpentine, eau de Cologne, &c." 14.

The foregoing graphic sketches of the two genera and six species of the disease are well deserving of record, though our author acknowledges that these different forms were not always so well defined in character at the bed-side, as he has endeavoured to render them in description. The *species* sometimes ran into each other, and mingled like light and shade—and not the species only, but even the genera, were sometimes so blended as to render it difficult to determine which was the more predominant. Some years of subsequent experience have only tended to confirm Dr. Wilson in the truth and fidelity of his original description, (transmitted at that time to the Navy Medical Board,) though he now believes that it would have been more nosologically scientific to have made but one genus of fever, leaving the inflammatory and congestive forms to constitute species of the same. The mode of nosological arrangement, however, is of such little consequence, that we shall not dwell upon it here. Dr. W. has introduced a running commentary on the foregoing descriptions, suggested by more extended experience, but not materially altering the principles of treatment already laid down. This first memoir terminates with a selection of cases in illustration; but for these we must refer to the work itself.

## II. Cause of Yellow Fever.

We all know the controversies to which this subject has given rise; and we are not inclined to renew these altercations. Dr. Wilson comments very acutely on the several causes assigned by different writers—as insolation, or atmospheric heat—marsh miasmata—contagion—contingent contagion—atmospheric constitution, &c. With none of these is our

author satisfied, and least of all with contagion. He does not very peremptorily deny the possibility of *contingent* contagion, though he evidently doubts the soundness of the doctrine. He slurs over the convincing facts presented by the fever in the Bann and at Ascension—because he was not an eye-witness of them, which, we think, is rather an awkward way of getting rid of difficult subjects. The following pretty severe philippic on Sir Gilbert Blane has been called forth by the dogmatic and somewhat contemptuous manner in which that venerable physician impoliticly treated those who differed with him on the subject of contagion.

" Perhaps he may extend to me the contemptuous pity, with which he treats a *certain American journalist*, who *dares not to be convinced*, after having considered the arguments adduced by Sir Gilbert Blane, in proof of the contagious nature of West Indian fever. This does not appear the most likely method of obtaining proselytes to a faith, which Sir Gilbert thinks of such importance to humanity. Should not a reasonable being be reasoned with clearly, forcibly, but patiently? Is the mere word of authority, the oracular declaration of any man, however talented, and however exalted, to *convince* another man, who has the power, and uses the privilege, of thinking for himself? But Sir Gilbert Blane tells us that the controversy is to be decided by facts, not by reasoning. Are the facts then so clear, that he who runs may read? Has no reasonable doubt ever arisen in the minds of rational inquirers respecting the import of facts, which, according to Sir Gilbert Blane, ought to remove all doubts and answer all questions for ever? Were all the men who disbelieved, are all the men who yet doubt or disbelieve, either idiots or knaves? for to this conclusion would the *declamation* of Gir Gilbert Blane lead. To answer such questions would be at once idle and insulting. Men of equal penetration, with better opportunity of judging, and not less anxious to learn the truth, have been led to different conclusions from those drawn by Sir Gilbert Blane; nay, some of them have been *driven* by irresistible evidence, and in opposition to early and long cherished modes of thinking, to draw different conclusions. Was Rush, was Jackson, was Hunter, destitute of common sense or common honesty? Are all the men of the present time, who differ from Sir Gilbert Blane, incapable of *observing facts*, or unwilling to interpret their meaning faithfully. Facts are not always obvious at first sight; they are often encumbered by factitious circumstances, or disguised by false appearances; and ordinary observers do not always find it an extremely easy matter to remove such incumbrances and to strip such disguises: we do not know how Sir Gilbert Blane accomplishes these things so perfectly; we are not told how he has learned, so easily and so unerringly, to *interpret the hand-writing on the wall.* It is strange that the men who have had the best opportunities of *observing these facts*, who have lived long, laboured arduously, and I will add conscientiously, amid the perils and perplexities of West Indian

fever, have not seen them in the same or even similar light with Sir Gilbert Blane; for I believe, that, since the time of Dr. Chisholm, no respectable practitioner in the West Indies, who has seen much of the disease, has believed it to be inherently and essentially contagious. And it is passing strange, that Sir Gilbert Blane, who has taken so much pains to teach us the right mode of reasoning on medical matters, should here turn round, and tell us, that all reasoning, in such cases, is not only idle but pernicious! I desire to treat Sir Gilbert Blane with respect, and for his character generally, I do feel respect; but such feelings cannot be forced; and I cannot respect dictatorial intolerance in any man, or any place, more particularly in the exercise of a liberal, but not exact, art; and I cannot admire the temper, which would lead a man, in possession of executive power, *to dismiss from the service of their country such men as could not in conscience subscribe to his articles of professional faith.*" 82.

Dr. Wilson, in this memoir, takes an extensive range over, not only various countries between the Tropics, but various localities in the same countries. This memoir is exceedingly creditable to our author's researches, inquiries, and judgment. Dr. W. dwells a long time on the subject of marsh miasmata, and has unnecessarily accumulated proofs that we cannot clearly trace the cause of the yellow fever of the West Indies to mere exhalations from soils of a *marshy* character. This has long been given up; and the more general opinion is, that the cause of fever is an emanation from the *soil*, whether marshy or not, which gives rise to fevers varying according to the nature of that invisible, and hitherto unascertained agent, or the soil which produces it. Our readers are aware that this is the doctrine which we have uniformly maintained in this Journal, from its commencement. We have often employed the term "febrific miasm," as much freer from objection than *marsh* effluvium, or vegeto-animal miasma. The term malaria is, we think, somewhat objectionable, since it conveys the idea of the cause being essentially connected with the *air*, though reason and observation tell us that the cause springs from the *earth*, and is only suspended in, or wafted about by the air. But it is now time to proceed to the author's "new opinions," regarding the cause of yellow fever.

### THIRD MEMOIR.

Dr. W. observes, that the West India islands, and parts of the adjacent coasts of South and North America, constitute the proper soil, and are the perpetual sources, of West Indian

fever. From the mouth of the Amazon to Charlestown in one direction—and from Barbadoes to Tampico in another, the causes of this disease are in constant, though unequal force. It sometimes, as is supposed, extends to New York, and even to the southern parts of Europe. At all events, it reaches from the Equator to the 32d degree of North latitude—and from the 60th to the 98th degree of West longitude. Now, the space included in this vast range exhibits a great variety of aspect, soil, and atmospheric temperature; and, on comparing these with other parts of the world, we can perceive nothing to account for this uniform fertility in the production of a febrific miasm causing yellow fever:—nothing in the heat of the air, the quality of the soil, or the condition of the subject. We must, therefore, after all, take for granted, that there is a *something* generated in the earth, and diffused in the air, to account for this wide spread of fever. Dr. W. comes to the point which we have so long insisted on. "This atmospheric influence, it is reasonable to suppose, is derived from the earth's surface; for we have no notion—can have no notion, of any thing contaminating the air, excepting the earth or its productions."

Dr. W. thinks that this cause, if ever to be discovered at all, will be found by a careful and scientific survey of the more superficial parts of the crust of the globe. We much doubt whether the labours of the geologist and chemist will ever be able to detect the febrific miasm. But, by this, we do not wish to discourage their enquiries. Like the search for hidden treasures, the harvest will reward the toil. This task our author assigns to the medical officers of the army, scattered, as they are, in various parts of the world, and qualified as they are to undertake the investigation. In the mean time, Dr. Wilson himself throws out some hints which he hopes may prove serviceable to those who have better opportunities for prosecuting the inquiry.

He remarks that lime, of secondary formation, is a predominating ingredient in the surface of the West Indies; while, in many places, there is much recent volcanic matter. Where such kind of surface is most conspicuous, from being scantily covered with earth or herbage, *there* the West India fever is peculiarly frequent and severe—"if the more palpable cause of the disease exist in the vicinity." The foregoing position is exemplified by the following curious topographical fact.

"Rock Fort is placed three miles east of Kingston, at the eastern extremity of the plain of Liguanea, where it is narrowed to the breadth of a few yards, being bounded southward by the sea, and northward by a precipitous mountain. The contracted and scanty soil, east and west,

is alluvial, but dry, with the exception of a small spot to leeward; and the appearance of the whole would not give an impression of insalubrity, the sea washing one side, the structure beneath being coral, and the mountain, which rises behind a naked calcareous mass, destitute of soil and vegetation. Yet this has been one of the most fatal spots to our troops of any in the West Indies, the detachments employed in its garrison having been swept off in rapid succession by West Indian fever. The officers' quarters stood at a short distance from the general barracks; on a dry indurated foundation, close to the mountain, and occupied presumptively a more healthy site than even the general building. But experience has shown that it was more unhealthy. So unhealthy was it, and so concentrated is the cause of fever upon it, that scarcely an individual quartered there, if lately from Europe, escaped with life. It is for the present abandoned." 128.

Even the naval force suffered severely on this station. A well of excellent water springs on this spot, and there the boats' crews were employed in watering the ships. Entire crews were swept off by the fever, and scarcely any escaped who visited that fatal spot.

Stoney Hill is next adduced. The barracks there stand 1300 feet above the level of the sea, and the air is comparatively cool. There is nothing like a marsh in the vicinity: yet it is extremely unhealthy. Dr. W. informs us, however, that this hill, from its base to its summit, is one great mass of calcareous rock, intersected by deep fissures, and split, in many places, into large fragments, heaped on each other, and crumbling into powder. Over its whole surface, there is scarcely any soil, and little grass, weed, or herbage of any kind. "But it has been, and is still, generally covered with forest trees, the roots of which are seen expanded over, and clinging to, the naked rock, the extreme fibres dipping into the crevices, and hiding themselves amid the *detritus of the rock, decaying leaves, and other ligneous matters which are lodged there.*" We apprehend that Dr. Macculloch, and others of that school, would be at no loss to find a source of malaria, even on the declivities of Stoney Hill.

"Fort Haldane, at Port Maria, occupies the extreme point of a promontory, which projects considerably from the main land, and divides the bay into two basin-like recesses. The promontory, which is 150 feet above the sea, is about 200 feet across, is so nearly perpendicular, and so much alike in its faces, that it has the appearance of an artificial structure reared for the defence of the harbour. It is formed of a pure carbonate of lime, so white and regular as to look like a whitewashed wall; it is level, smooth, and dry on the surface; and when it was chosen as a point of defence for the construction of a fort and barracks, it was probably thought to be one of the most healthy situations in the

West Indies. Merely looking at it as an elevated, regular, dry mass of limestone, washed on three sides by the sea, we should think so still; but the experience of the troops, and the sick returns, prove it to be, in every way, the reverse. So productive of fever and so deadly has it proved, that for some years past it has not been garrisoned. In November, 1824, on urgent representations by the local authorities, that troops were necessary, from apprehended insurrections of the slaves, a detachment of the 50th regiment was sent to occupy the barracks. Fever appeared among them so early, and was so destructive, that, at the expiration of six weeks, the detachment was removed, having lost, I believe, one-third of its number from fever, and the remainder mostly suffering from its effects; and this happened at a season generally healthy, to troops who had been some years in Jamaica, and who were landed in health. Two streams fall into the bay, one on each side of the headland, at about a quarter of a mile distance. *They move slowly, and their banks are covered with mangroves, which, it is to be presumed, furnish the more palpable cause of the fever; but it is remarkable, that the inhabitants of the village of Port Maria, which is situated on both sides of one of the streams, do not appear to suffer from their situation.*" 130.

There are many examples on record, similar to the above. It is by no means impossible, that those who live in the very vicinity of a source of malaria may escape, while those who are elevated above this source, and at some distance, may sustain its most deleterious influence. The current of the prevailing winds, and other circumstances, should here be carefully investigated, as miasmata may be carried towards, or descend, and become *accumulated on*, a lofty eminence, in the neighbourhood of a malarious source, while the same miasmata may never acquire a sufficient concentration in the spots which gave them birth. We believe that this explanation will apply to many unhealthy localities.

Dr. Wilson goes on to give us very interesting sketches of the medical topography of Port Royal—Port of Spain—Fort Louis in the Island of Martinique—Guadaloupe—St. Domingo—Barbadoes, and many other places, shewing how very generally it happens, that high and rocky elevations in the vicinity of mangrove swamps or morasses, are ten times more destructive to life, as the hot-beds of yellow fever, than the valleys or swamps themselves.

The author has been particularly struck with the prevalence of *lime* in all those situations, in the West Indies, which are remarkable for insalubrity, but modestly declines drawing any general conclusion as to the connexion of the one with the other. He, therefore, proceeds to what he calls the more palpable cause of yellow fever.

"This, I believe, is furnished by wood, being a gaseous product of

trees and shrubs, in a state of decomposition; generally given out by them in a cut or dried state, but which may arise from a living forest, trees being capable, in different parts of their frame, of simultaneous growth and decay; and further, that wood, after it has passed from the green to the dry state, is still capable of generating the cause, certain degrees of heat and a certain quantity of moisture being supplied. I therefore believe, that decomposing vegetable matter, in a certain sense, but not in the sense generally received, furnishes the cause of West Indian fever; as it is not to herbaceous but *ligneous* matter that I trace it, and on which I shall endeavour to show its dependence." 139.

This, we conceive, is a nice distinction, and, considering that hill-fevers, wood-fevers, jungle-fevers, have been described for 20 or 30 years past, we see no great "novelty" in the opinions here emitted. Dr. Wilson goes on to prove his *ligneous* origin of yellow fever, by shewing that it occurs in ships, where "marsh miasmata are not necessary to its production." Our author does not attempt to explain "what the manner of that process is, and what is the nature of its products;" but only pledges himself to prove that such febrific process does occasionally exist in ships. He objects to the supposition, that a foul hold can be the cause of the sickness—principally, it would appear, from what occurred in the Iphigenia and Rattlesnake, where the yellow fever prevailed extensively, although no foulness could be detected in their holds, and circumstances rendered it highly improbable that the disease could have arisen from terrestrial exhalations. One of the medical gentlemen appointed to examine the above-mentioned ships, and report on the cause of the sickness, was Dr. Bancroft; and it appears that the fever in question completely upset all his former writings, as to the origin of the disease!

"But Dr. Bancroft, whose labours in this field are so well known and so highly appreciated, who has collected so much information and exerted so much talent to prove, that this disease depends on earthy exhalations for its cause, as certainly as does intermittent fever, finds the whole of his elaborate and highly-finished structure sapped by the fever in the Iphigenia. He finds there a stumbling-block, which he had not expected and cannot remove, and he fairly confesses the insuperable nature of the difficulty." 151.

All the usual sources of the febrific miasm having been disproved, Dr. Wilson comes to the conclusion, "that it arises from the decomposition of the wooden materials of the ships themselves, and from such loose timber as they may contain." Dr. Wilson's arguments do not carry conviction to our minds; for we cannot imagine why the same decomposition should not go on in all climates of as high a temperature as the West In-

dies, which, however, is not the case. We shall offer the following quotation from his arguments.

"The extent, however, to which the process is carried, and the nature of its results, are modified by the previous condition of the wood, the degrees of heat, and, probably, by interior arrangements in individual ships. When a ship recently built arrives at the hottest season of the year, continues for weeks in harbour, and when, as happened in the Rattlesnake, the holds are cleared, and high temperature kept up in them by means of stoves, the process will be rapid and complete. The fever will appear early, and proceed rapidly; but when it ceases, it will cease finally. Men fresh from Europe entered on board such a ship, after the fever has ceased, if they avoid the cause of disease on shore, will continue as secure from West Indian fever as if they served in any other part of the world. On the other hand, when a ship arrives during the cooler months, is kept much at sea, and stoves are not let down into the holds, the process will often be slow and imperfect: in some cases it may never take place. In such ships there will not be severe and sweeping visitations of fever; but then there will never be security. Men will continue to fall under the influence of the disease, till the last day of the ship's term of service on the station. These things are frequently exemplified in different ships in the West Indies." 154.

It is acknowledged by all, that mangrove banks and shores are peculiarly productive of the cause of fever, wherever they are found. The following description of the mangrove production and decay is certainly favourable to the *ligneous* doctrine.

"The mangrove grows and runs to decay rapidly. The branches, after rising a few feet, bend towards the root, on which they engraft themselves; from the bow thus formed other branches spring up, which, in like manner, insert their extremities into different parts of that from which they grow, and so on, till an impenetrable dwarf forest is spread over the surface of the water. While the lower part of this *water forest* is undergoing rapid decomposition, the upper part is in a state of luxuriant growth and beautiful verdure, so that the appearance of the whole is singular and striking: it looks like a piece of basket-work supporting a shrubbery. From its structure and habits, the mangrove appears destined to speedy decay, to which surrounding circumstances are highly favourable. In consequence of the rise and fall of the tides, part of it is alternately wet and dry, and the whole is exposed to the influence of high temperature; hence, whatever deleterious product is furnished by decomposing wood, must be furnished abundantly here." 164.

### MEMOIR THE FOURTH.

We must pass over this memoir, without being able to offer any specimens from the work. The question is, whether the yellow

fever of the West Indies is a disease of a peculiar character—one, in fact, *sui generis*, or merely an aggravated form of the usual epidemics and endemics, the bilious remittent and intermittent fevers? Dr. Wilson is clearly of opinion that the latter supposition is false—and that the disease "arises directly and solely from inanimate matter close to the persons whom it affects, and is as incapable of being produced by any other agency as ague or goitre." He cannot, however, subscribe to the doctrine, that it is a mere aggravation of intermittent fever. The author adduces numerous and very powerful arguments in support of his opinions, and these should be consulted by all who are destined for the West Indies.

### FIFTH MEMOIR.

This memoir is on a subject nearly as obscure as the hitherto inscrutable miasma of yellow fever—namely, the *modus operandi* of this cause on the human frame. The difficulty of this investigation may be easily imagined, when we consider that we are called upon to trace the action of a thing *totally unknown* on functions of which we know *exceedingly little*. All we can do, in the present state of things, we believe, is to accurately note the obvious phenomena which follow the application of this incognizable miasma, without attempting much of the rationale of its operation on the living machine.

After re-enumerating the symptoms of the *apoplectic* or congestive species of yellow fever, Dr. W. asks—"is there not here debility in the strictest sense of the word; and is it not positive and direct, rather than secondary and apparent?" He then goes on to observe, that this debility cannot result from any direct agency of the cause of fever on the *vascular* system; but through the medium of the *nervous* system. We agree with Dr. Wilson—and have to remind him that this was the view taken of it by Cullen, and by many writers before Cullen:—it *is* the view of it which is now taken by all the best writers and the most accurate observers. The following passage will convey some idea of Dr. Wilson's views of the *modus agendi* of the febrific miasm.

"It is probable, that in some cases the nervous power is *abstracted*, in others only *obstructed*.

"The first condition is induced, I believe, in pure congestive fever, (for a certain degree of congestion happens in all,) and the extent of congestion is commensurate with the quantity of *abstraction*. In the worst form of congestive fever, it would appear that the nervous power

is so completely withdrawn, and receives so little supply, as to be unequal to the carrying on of the functions of life; that it is so subverted, as to be unsusceptible of repair, and that death is the effect of direct exhaustion, and consequent stagnation. In the slighter forms, it appears, though the nervous power is *abstracted* to a certain extent, that sufficient remains to supply sensation, and *something* essential to vital action, till, in favourable circumstances, the loss is repaired, and derangement appears chiefly in the vascular system.

"On the other hand, when the nervous power is only *obstructed* by the febrile cause, the inflammatory form of fever will follow, the force of inflammatory action being proportioned to the extent and duration of the *obstruction*. In this form of the disease, as in the other, the first step of derangement in the vascular system will be congestive, but greatly different in its nature and results. Here, as soon as the cause of *obstruction* is exhausted, or rather perhaps arrested, by some inherent power of the living body, reaction takes place, various in degree in various instances; in some rising to the most intense inflammation, destroying organs essential to life, by a process somewhat like gangrene, in others proceeding, with less violence, to a regular issue in suppuration, and in others affecting chiefly the investments of viscera, and with tendency to terminate in effusions of serum and coagulating lymph." 201.

We do not clearly understand what is meant to be conveyed by the term *abstraction* of the nervous power. The fumes of charcoal—a certain dose of prussic acid—a concussion of the brain—the ablation of a limb by a cannon ball—nay, a powerful mental impression will *arrest* more or less completely the supply of nervous power from the sensorium to the heart and all other organs of the body, occasioning most of the phenomena produced by a great dose of the febrific miasm in a concentrated state, as seen in the apoplectic species of yellow fever. This, we imagine, is as good an illustration of the *modus agendi* of the cause of yellow fever as we can have—and it points out the danger of incautiously abstracting blood in such a condition of the system, as forcibly as any thing can do. The reaction which follows is generally proportionate to the depression that precedes. If reaction do *not* follow at all, Dr. W. seems to call this *abstraction* of the nervous power. If reaction succeed, then it was only *obstruction* of the same. The following passage is interesting, whatever we may think of the explanation which is attempted to be given.

"I have seen a remarkably stout young man, of sanguine temperament, labouring under the first impression of fever, which literally struck him down in an instant. With a rapid, weak, irregular pulse, sunk eye, haggard countenance, and cold skin, he lay prostrate in great distress, but incapable of describing his sensations. There were languor

and feebleness, which he tried in vain to resist; confusion of thoughts; tremors, not like the rigor of intermittent fever, but an affection like that which arises from alarm; a feeling of extreme, but unspeakable suffering, extending from the spine to the umbilicus, involving the abdominal contents in tumult; and a state of the skin in which reduction of temperature was not the most striking, though most easily defined, deviation from that of health. When the hand was applied to the surface, there was communicated a sensation, similar to that which is experienced by touching the scalp, when separated from the subjacent muscles, a sensation of want of vital connexion with the parts beneath. And yet in two hours all those signs of diminished vitality had disappeared, and the most furious inflammatory action followed. The case was a fatal one. Blood-letting and other means of reduction were urged to the uttermost, without making more than momentary impression on the disease. The force of the circulation was for an instant abated, and then rose again to the height of its former violence; and thus, over and over again, till the structure of the brain was subverted.

"Now, in contemplating such a case, we are first of all struck with the two great stages into which it is divided, and then with the necessary connexion between them. In the first we see the nervous power *obstructed*, or suspended in its operation, not arrested in its source or abstracted from the system; and, in the second, we observe, when the suspending or *obstructing* cause is removed, the force accumulated by inaction and continued supply, poured forth with irresistible impetus, and giving rise to such intensity of inflammatory action, as puts to defiance all our means of staying its course. At least, in comparing the two phases of the disease, the subsidence of its first, and the rising of its second stage, the conviction is forced upon us, that they are not fortuitous and inconsequential, but are necessarily connected the one with the other, as cause is with effect; and moreover, that in the origin and progress of this disease, there is something essentially different from what happens in congestive fever.

"*There* we observe, as in the first stage of this, failure of nervous, and feebleness of vascular, power, but of a much deeper and more enduring character. In the inflammatory form of fever, the stage of exhaustion, connected with nervous *obstruction*, is always short, sometimes imperceptible, or rather, in the common routine of complaint and inquiry, it is not perceived. But in the congestive form, arising from the *abstraction* of nervous power, the exhaustion lasts long, in the worst forms, till the last. There is, analogous to what happens in inflammatory fever, failure of nervous power and vital action; but, unlike what happens in that form of the disease, the reparation is slow and scanty, or altogether wanting. In some there is no supply consequent on *abstraction*, in others there is supply, but it is always slow in accession, often inadequate in quantity. It is, when compared with the overflowing energy of inflammatory fever, as a summer brook to the force and celerity of the Ganges." 203.

We have greatly overstepped our intended limits—led on by the interest of the subject, and the talent and observation displayed by the author of the work under review. The minute and accurate details of medical topography—the forcible and faithful delineations of fever in its various forms between the Tropics—the ingenious speculations on its etiology—the rational modes of practice inculcated—and the extremely important suggestions as to prevention, which Dr. Wilson has presented to the public in a small and modest octavo, are so highly creditable to the author, that he has deserved, and will obtain, an elevated niche in the temple of medical fame. Were we destined once more to visit the western Tropics, and obliged to limit our library to *a single volume*, we should have little hesitation in taking with us the five memoirs of Dr. John Wilson.

## VIII.

*Reports of Medical Cases, selected with the View of illustrating the Symptoms and Cure of Diseases, by a Reference to Morbid Anatomy.* By RICHARD BRIGHT, M.D. F.R.S. &c. Lecturer on the Practice of Medicine, and one of the Physicians to Guy's Hospital. Quarto, pp. 231, with 15 Plates, coloured, including a great number of Figures. Longman's, 1827. Price four guineas, boards.

THIS is, beyond all comparison, the most splendid production which this country has ever given rise to, in regard to morbid anatomy. The plates of Baillie, Farre, Hooper, Willan, Bateman, &c. &c. shrink into comparative insignificance, as to accuracy of delineation and beauty of execution, when placed along side of those now before us. The task which Dr. Bright has imposed on himself (for this is only the first of a series of volumes) is truly Herculean, both as respects the labour and the expense. The undertaking is national; for if the author continues "equis passibus," he will not only immortalise himself, but reflect honour on his country—and especially on his own profession. From our Government we cannot—or, at all events, we need not expect, that any reward, honorary or pecuniary, will flow for such meritorious works as this of Dr. Bright; but we do think that if the *learned heads* of departments in our profession obeyed the dictates of *zealous hearts*, they would hold out encouragement for enterprises like this, by conferring some mark of distinction on those who

accomplish them. As the production of a physician, our Royal College, we think, should testify its approbation of such a work, even although emanating from an unfortunate Licentiate! It certainly would seem better in the eyes of foreigners to expend a few pounds annually in such a way, than in litigations with the graduates of Scotch universities. We fear, however, that Dr. Bright has little to hope from any other patronage than that of the PUBLIC—a patronage not yet totally swallowed up by the insatiable stomachs of medical monopolists!*

Our author modestly states it as his wish to render, through this publication, the labours of an hospital more permanently useful, by bringing together such facts as seem to throw light upon each other—and, also, to preserve and explain, by faithful engravings, the recent appearances of those morbid changes of structure which have been connected with the symptoms, or have influenced the treatment of the disease.† He considers it unnecessary, in the present day, to expatiate on the utility of hospital reports, or "the importance of that information which our profession derives from the study of morbid anatomy." Dr. Bright must know, however, that it is not many months since discredit was attempted to be thrown on pathology from "high authority," as it has been called—probably, in reference to the geographical position or *altitude* of the theatre where the *sublime* dogmas were delivered. But we must proceed to the work.

This first volume is divided into several sections, the chief of these exhibiting a collection of cases, with appropriate drawings, of the appearances observable in diseases terminating in dropsical effusion:—*first*, of the appearances in the kidney—*secondly*, of those in the liver—and, *thirdly*, of those in the thoracic viscera. There are some other sections on the effects

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* We think that every opulent individual, and every medical society, should make a point of subscribing to Dr. Bright's book, as the proper way to lend their separate and collective aid in rewarding merit, and promoting the publication of valuable works. There will still be a large class who must take the matter at second hand.

† In passing a high encomium on Dr. Bright's plates, we do not mean to say that they are faultless, or that they are equally meritorious. Those representing diseases of the kidney we consider as the best—and those of the lungs the worst. We think it quite impossible that any portion of lung in phthisis pulmonalis could *faithfully* present all the most brilliant colours of the rainbow, as seen in Plates IX. and X. The same observation would possibly apply to some plates of morbid conditions of the intestines. The second figure in Plate XII. we cannot but think is meretriciously set forth, and as—"flaunting in rags, or fluttering in brocade." The principal, perhaps the whole failing in these beautiful plates, is their *excess of beauty*.

of inflammation in different textures of the lungs—on phthisis pulmonalis—on jaundice—on dysentery—on fever. All these sections we shall notice seriatim, in this and succeeding numbers of our Journal.

## I. ON THE APPEARANCES OBSERVABLE IN DISEASES TERMINATING IN DROPSICAL EFFUSION.

These are exceedingly numerous as well as various—and it is often difficult to say how far these changes of structure are the causes, the auxiliaries, or merely the consequences, of the effusion. One great cause is, unquestionably, obstructed circulation, especially in the venous system. Thus, whatever either generally or locally checks the return of blood through that system, as diseases of the heart, the liver, or the lungs, has a strong tendency to produce serous effusion, either in the cavities or in the cellular tissues. But there are many other diseases besides these more obvious ones of the three great organs alluded to, which give rise to dropsy. Certain affections of the peritoneum, as tuberculation, false membranes, &c. give the tendency to effusion, and leave open a considerable field for the investigations of the pathologist.

Dr. Bright, however, has particularly directed his attention to a class of organic changes which have hitherto attracted too little attention—namely, morbid changes in the kidney, which, "whether they are to be considered as the cause of the dropsical effusion, or as the consequence of some other disease, cannot be unimportant." In these conditions of the kidney, Dr. B. has often found the dropsy connected with the secretion of albuminous urine, more or less coagulable by heat. In such cases, the liver did not betray *any considerable* marks of disease, either in its function during life, or structure after death. On the other hand, where the dropsy has clearly depended on organic disease of the liver, there was generally no morbid alteration in the kidney—no coagulable urine. *Dr. B. avers that he has never found the kidneys free from disease in the bodies of those who have died of dropsy, attended with coagulable urine.* Whether this morbid structure, in its incipient state, may be considered as giving rise to the altered secretion —or whether it be owing to the long-continued disorder of the renal function, may admit of some doubt. Dr. B. is of opinion that the altered action of the kidney is the result of various hurtful causes operating through the medium of the stomach and skin, thus deranging the healthy balance of the

circulation, or inducing an inflammatory state of the kidney itself—and that a long continuance of this disturbed function leads to permanent change of structure. This, we think, is the more probable solution; and it is, in fact, in accordance with what we see in other organs of the body, as well as in the kidney. Dr. Bright's observations on the condition of the urine in dropsy coincide, in a great degree, with those of Dr. Blackall. We must observe, however, that Dr. Blackall's conclusions have not been borne out by the experiments of others—and especially by those of Dr. Crampton of Dublin, as seen in the Dublin Hospital Reports.

"Where anasarca has come on from exposure to cold, or from some accidental excess, I have in general found the urine to be coagulable by heat. The coagulation is in different degrees: it likewise differs somewhat in its character: most commonly when the urine has been exposed to the heat of a candle in a spoon, before it rises quite to the boiling point it becomes clouded, sometimes simply opalescent, at other times almost milky, beginning at the edges of the spoon and quickly meeting in the middle. In a short time the coagulating particles break up into a flocculent or a curdled form, and the quantity of this flocculent matter varies from a quantity scarcely perceptible floating in the fluid, to so much as converts the whole into the appearance of curdled milk. Sometimes it rises to the surface in the form of a fine scum, which still remains after the boiled fluid has completely cooled. There is another form of coagulable urine, which in my experience has been much more rare; when the urine on being exposed to heat assumes a gelatinous appearance, as if a certain quantity of isinglass had been dissolved in water. I have indeed met with this in one or two cases only." 3.

In the progress of these anasarcous cases, Dr. B. has generally found a strong tendency to throw off the red particles of the blood by the kidneys, in the form of hæmaturia, varying from the simple dingy colour of the urine, with slight brown deposit, to complete bloody urine, with, occasionally, a thick ropy deposition at the bottom of the pot.

"Besides these cases of sudden anasarcous swelling being generally accompanied by coagulable urine, I have found another and apparently a very opposite state of the system prone to a secretion of the same character; namely, in persons who have been long the subjects of anasarca recurring again and again, worn out and cachectic in their whole frame and appearance, and usually persons addicted to an irregular life and to the use of spirituous liquors. In these cases the albuminous matter has coagulated, in the more ordinary way, in flakes and little curdled clots; but, instead of rendering the whole milky, the flocculi often incline to a brown colour, looking like the finest particles of bran more or less thickly disseminated throughout the heated urine. Occa-

sionally in these cases the urine has been much loaded with saline ingredients becoming turbid by standing, but rendered quite clear by the application of a much lower degree of heat, than is necessary to coagulate the albumen.

"In all the cases in which I have observed the albuminous urine, it has appeared to me that the kidney has itself acted a more important part, and has been more deranged, both functionally and organically, than has generally been imagined. In the latter class of cases I have always found the kidney decidedly disorganized. In the former, when very recent, I have found the kidney gorged with blood. And in mixed cases, where the attack was recent, although apparently the foundation has been laid for it in a course of intemperance, I have found the kidney likewise disorganized." 4.

Dr. Bright now proceeds to the detail of cases, some of which we shall introduce, under a very abridged form.

*Case* 1. A sailor, aged 34, who, like most sailors, had made free with the grog-bottle, entered Guy's Hospital on the 12th Oct. 1825. He stated that, for the four last years, he had left the sea, and with it the habit of ingurgitation. He was of a pale, unhealthy aspect. Three weeks before admission, he was seized with pains in his loins, knees, and ankles—his legs swelled, and his hands and face were occasionally œdematous. His abdomen, on admission, was painful on pressure—pulse 78—tongue pale—fæces light-coloured—urine scanty, a pint in the 24 hours—appetite good. A pill, containing mercury, squill, and opium, was administered every night, and, during the next five days, he improved, in respect to the urinary secretion; but the œdema was little reduced, and he could not lie easy in bed without being highly propped up. On the 20th of the same month, he was attacked with general inflammatory symptoms in the thorax and abdomen, for which he was bled —had fomentations applied—and took effervescing draughts, with ipecacuan wine. The blood was inflamed. The symptoms returned the next evening, with herpes labialis on the face—and some blood had passed in his motions. The urine, however, was more in quantity, and less sedimentous. On the 25th, the urine was much more free, and it had assumed the dingy brown colour, marking an admixture of red particles of blood. He continued to improve, but complained of *pain and weakness in his loins.* He lies down easily, but his legs continue to swell—tenderness of abdomen gone—urine in good quantity, and clear, but *coagulates by heat.* 27*th.* Gums sore from mercury. By the 2d Nov. he was so much improved as to be able to walk about the ward, and was only taking a grain

of ipecacuan thrice a day for his bowels. On the evening of the 10th Nov. Mr. Stocker was suddenly called to him for an attack of dyspnœa, with symptoms of thoracic inflammation. *Venesect. ad* ℥x.—*blister.* He was somewhat relieved—the blood was inflamed—but he was quite unable to lie down. The urine again became scanty—and the dyspnœa was increasing. *Squill pill and mercury—venesectio—another blister.* We deem it unnecessary to pursue the diurnal details. The symptoms of thoracic and anasarcous effusion increased, together with the dyspnœa, emaciation, and general prostration. He died on the 29th November.*

*Dissection.* The pericardium contained about four ounces of clear water, which soon became gelatinous. Both portions of pericardium shewed strong marks of inflammation, in the shape of fibrinous deposits, some of recent formation, others of longer standing. The heart was large and firm. The semilunar valves of the aorta shewed ossification. The left lung was every where adherent, and every where converted into "*grey hepatization,*" very few portions admitting air. "The right lung was soft, and in structure not unnatural, but œdematous; filled by the effusion of serum, so that the fluid ran out, mixed with innumerable fine bubbles of air, immediately it was cut into. The whole cavity of the chest, on this side, was filled with serum, but the lung not compressed by it." There was some serous effusion in the abdomen. The peritoneal coat of the liver was coated with a fibrinous deposit, not very recent. No obvious disease in the size or structure of this organ, except that it was—"rather pale-coloured, of a purplish drab throughout, and not of firm consistence." The kidneys were completely granulated throughout, as seen in plate I. with rough external surface, while all traces of natural organization were gone from within, except in the tubular parts, which were of a lighter and more pinky colour than natural.

*Remarks.* Dr. B. thinks that, if we can form any judgment as to the comparative priority of diseased structure in this patient, we should be inclined to give that priority to the disease in the kidney, which "had probably laid the foundation for that effusion into the cellular membrane, which had taken place previously to his admission." Dr. B. observes that there was no

* We see no mention made of auscultation or percussion till the day of this man's death, when the right side of the chest was found to be more sonorous than the left; and, by the assistance of the stethoscope, Dr. B. thought he could hear the heart beat through a fluid. In all cases where thoracic affections are present, the stethoscope should be employed, for we can assure those who cultivate that instrument, that it will require years of study and practice, to make themselves even imperfectly acquainted with the indications which it points out. The dissection of the above case will shew that auscultation, properly employed, would have detected irremediable organic disease in the chest *for months* before the man died.

evidence whatever of organic disease in the liver, anterior to the patient's reception into the hospital—and that it is not at all improbable, that "the greater part of the mischief done to the substance of the left lung, had taken place between the 20th October, when he suffered the severe inflammatory attack, and the 29th November, when he died." The serous effusion was, no doubt, a recent affection.

We are aware that Dr. Bright has the authority of Laennec for the sudden formation of hepatization in the lungs—even the *grey hepatization*, which is the third degree of that disease. With all due deference to M. Laennec, we conceive that, on this point, he may be mistaken. But, granting that hepatization of the lung may take place, say in ten or twenty days, from peripneumony, every pathologist knows that this same hepatization may continue for months or years, without affecting life. And, when we contemplate the state of the above patient when he first came into the hospital, we can have little doubt that hepatization of the lung existed there, and for a very long time before. It is not, therefore, very easy to say, with certainty, that the disorganization of the kidney preceded the hepatization of the lung—and it is still more problematical, that the kidney affection was the cause of the dropsical effusion in the chest. There can be no doubt, however, that the thoracic effusion, especially the inflammation and affection about the heart, was the immediate cause of the fatal termination.

*Case* 2. Eliz. Beaver, aged 37, was admitted on the 23d Nov. 1825, with swelling and fluctuation of the abdomen, attended, also, with tympanitis. The lower extremities, and the parietes of the abdomen were œdematous, with erythema about the ankles. Her face and arms had also swelled occasionally. Severe cough was excited by a deep inspiration, causing, also, some abdominal pain. Her breathing was short—inability to lie horizontally—bad sleep—pulse 112—tongue furred in the middle, and clean at the sides—bowels relaxed—urine clear, but uncertain in quantity. She had been ill about six months, her illness commencing with pain in the chest and increase of cough, to which last she had been subject for four or five years. The catamenia had stopped five months previously. On account of the diarrhœa, confectio opii, and hyd. cum cretâ, were ordered thrice a day, with some other cordial medicines. 24*th*. Much the same. On the 25th, the urine was examined, and found to *coagulate by heat*. It was scanty in quantity. She gradually got weaker, and died on the 29th of the same month.

*Dissection*. There was some effusion into both sides of the chest—

body generally anasarcous—lungs tolerably healthy—heart small in size, and feeble in texture, the parietes of the right ventricle being in a state of atrophy—an ounce and a half of water in the pericardium. There was much straw-coloured fluid in the abdomen. The liver, externally, appeared granulated, but this appearance was very much confined to the surface. The kidneys were both of unusual size, and, on external view, they were obviously granulated with yellow matters. The whole of the cortical structure appeared converted into a yellow substance, resembling fat. There was nothing else particular in the dissection.

*Remarks.* Dr. B. thinks we may attribute the dropsy with coagulable urine, in this case, to the disorganization in the kidneys. He seems to doubt whether the state of the heart and liver had any thing to do with the dropsical effusions. There will be some who may doubt this exclusive blame on the kidneys.

In the following cases we shall be more brief in our analysis.

*Case* 3. A female, aged 25, of previous intemperate habits, was admitted Nov. 8th, with anasarcous swelling of the legs, diarrhœa, cough, dyspnœa, bloated and livid face. *The urine was found to coagulate very considerably by heat.* She died on the 12th of January following, after an unsuccessful exhibition of various remedies.

*Dissection.* Nearly two pints of turbid serum in the left side of the chest—lung of that side œdematous and rather fleshy at the summit, with some incipient tuberculation. In the *right* side, there was, also, considerable effusion, and the lung was very much condensed, so that but a small portion admitted air. A thick adventitious membrane surrounded the greater part of it, and it was firmly glued to the pleura. The apex of the right lung was completely tuberculated, with some excavations. The liver was pale, yellowish, rather firm, and inclined to granulation. Ulcerations near the valve of the colon, in the ileum. The kidneys were entirely disorganized. The whole of the cortical substance was of a uniform yellow colour. This state of kidney is beautifully delineated in the second plate.

*Case* 4. A bricklayer, not of intemperate habits, was admitted on the 22d November. Two months previously, having heated himself much in working, he drank cold beer and lay down on the damp grass. His legs began to swell in a day or two afterwards. At the time of admission, he was generally anasarcous, and his legs were greatly swollen, with symptoms of effusion into the cavities. His breathing was much oppressed. Squill pill and mercury, with some other diuretics, were given, with temporary improvement only. His urine was scanty, and *coagulated by heat.* On the 12th December, a diarrhœa, with

erysipelas of one leg, came on, and he died on the 16th of the same month.

*Dissection.* Three pints of clear yellow serum in the *right* side of the chest—lung on that side slightly puckered and hardened at the apex. In the *left* side, there was about a pint and a half of serum—left lung healthy. In the right lobe of the liver there was a small collection of tubercular bodies, and a similar collection in the small lobe. "The whole substance of the liver was nearly in a healthy state—a little inclined to be granulated." The cortical structure of the kidneys exhibited the commencement of granulation. They were rather large and soft—general colour pale, and, on stripping off their tunic, the whole surface was seen speckled with minute yellow bodies; which bodies were found pervading the whole cortical substance. These kidneys are delineated in plate the third.

Dr. Bright anticipated this state of kidney before death, and committed the diagnosis to writing.

*Case* 5. A stout looking sailor, aged 34, was admitted on the 29th November. Denied having been intemperate, only taking a good deal of spirits and water. Three years previously, he caught a bad cold, and has never been well since. Five months ago, he began to swell, and his legs and thighs are now decidedly œdematous. The urine is scanty, and *coagulates into a complete gelatinous mass by heat.* Mercury and squills were given, and the urine increased, becoming less coagulable. On the 22d December, dysenteric symptoms came on, and lasted a few days. On the 12th February, we find the urine very scanty, and strongly coagulable. He was evidently declining fast; and now, for the first time, it is stated that "his cough is more troublesome, the expectoration puriform, and, for some days, there have been symptoms of inflammatory affection in the chest." He died on the 14th February.

*Dissection.* Œdema of the lower extremities—considerable effusion into the left cavity of the chest—with flakes of coagulable lymph and other products of inflammation. The lung more firm and red than natural. Nothing wrong in the other side of the chest—heart rather flaccid—liver pale, "inclined to granulation in its appearance, but not enlarged, nor materially firmer than natural." Unequivocal evidences of peritoneal inflammation were observable, with considerable effusion. The kidneys were large—very dark on their upper surface, and mottled with yellow on their under surface. Internally, the structure had changed to a fatty substance, with some traces of granulation.

The foregoing half dozen of cases out of 25 put on record by Dr. Bright, will be sufficient specimens for this analysis; and we shall, therefore, proceed to give some account of our author's "GENERAL OBSERVATIONS" appended to the narrative of facts.

From the facts which have come under Dr. B's notice, he thinks he is authorised to establish three varieties, if not three completely separate forms, of diseased structure in the kidneys —generally attended by a decidedly albuminous character in the urine.

" In the *first*, a state of degeneracy seems to exist, which from its appearance might be regarded as marking little more than simple debility of the organ. In this case the kidney loses its usual firmness, becomes of a yellow mottled appearance externally; and when a section is made, nearly the same yellow colour slightly tinged with gray is seen to pervade the whole of the cortical part, and the tubular portions are of a lighter colour than natural. The size of the kidney is not materially altered, nor is there any obvious morbid deposit to be discovered. (Plate II. Fig. 4.) This state of the organ is sometimes connected with a cachectic condition of body, attended with chronic disease, where no dropsical effusion has taken place either into the cellular membrane or into the cavities of the body; I have found it in a case of diarrhœa and phthisis, and in a case of ovarian tumour. In the former it was connected with slight and almost doubtful coagulation of the urine by heat; in the latter I had omitted to examine the state of the urine. I also met with nearly the same condition of the kidney, with some opake yellow deposits interspersed through the structure, in the case of a man who died exhausted with diarrhœa brought on by hardships and intemperance, and in whose case the secretion of urine was very deficient, but whether coagulable or not I had no opportunity of ascertaining. When this disease has gone to its utmost, it has appeared to terminate by producing a more decided alteration in the structure; some portions becoming consolidated, so as to admit of very partial circulation; in which state the surface has assumed a somewhat tuberculated appearance, the gentle projections of which were paler than the rest, and scarcely received any of the injection which was thrown in by the arteries. (Plate II. Fig. 1. 2. and 3.) In this more advanced stage, if it be the same disease, dropsy has existed, and the urine has been coagulable." 67.

The *second* form, is that in which the whole cortical part is converted into a granulated texture, and where there appears to be a copious morbid interstitial deposit of an opake white substance. In the early stage, when the tunic is taken off, there is exhibited only an increase of the natural fine mottled appearance given by the healthy structure of the kidney. On slitting the organ longitudinally, a slight appearance of the same kind is discovered internally, and the kidney is deficient in its natural firmness. In time, the deposited matter becomes more abundant and is seen in numerous specks of no definite form, thickly strewed on the surface. Internally, these specks are found distributed in a more or less regular manner throughout the whole cortical substance, no longer presenting a doubt-

ful appearance, but manifest to the eye without any preparation. At a still more advanced period, the granulated texture begins to shew itself externally, in slight uneven projections on the surface of the kidney, very apparent through the tunic. The organ is generally larger than natural, sometimes not at all increased in size.

"The *third* form of disease is where the kidney is quite rough and scabrous to the touch externally, and is seen to rise in numerous projections not much exceeding a large pin's head, yellow, red, and purplish. The form of the kidney is often inclined to be lobulated, the feel is hard, and on making an incision the texture is found approaching to semicartilaginous firmness, giving great resistance to the knife. The tubular portions are observed to be drawn near to the surface of the kidney: it appears in short like a contraction of every part of the organ, with less interstitial deposit than in the last variety. This form of disease existed in a case from which I had a drawing executed about three years ago, it also existed in BONHAM, (p. 22.); and a most decidedly marked instance of it may be found in STEWART, (Plate III. Fig. 1 and 2,) where however the kidney was of a lighter colour than in the other cases, which were more of a purplish gray tinge. I believe the case of SMITH, (p. 23,) belonged to the same. In most of these cases the urine has been highly coagulable by heat, at times forming a large curdled deposit, though in one case (CASTLES) where an approach to this appearance was found on the outside of the kidney, but with marked structural change in the liver, and with confirmed bronchial congestion, only a dense bran-like deposit of a brown colour was produced by the application of heat." 69.

Although Dr. B. hazards a conjecture as to the existence of these three different forms, he is by no means confident as to the correctness of this view. So much for the descriptive part. We now come to—

### OBSERVATIONS ON THE TREATMENT.

It has been our author's object, in all that precedes, to prove that certain dropsical affections depend more on derangement of the kidneys themselves, than has generally been supposed—and that the particular cases in which these organs are the seat of disease, are pointed out by the albuminous nature of the urine. The author wishes he could add any thing very satisfactory as to the treatment. But he is inclined to doubt whether it be possible to effect a cure, or even afford much relief after the decided organic change has taken a firm hold on the kidney. In sudden attacks of anasarca from intemperance and exposure, in the early stage, and before organic

changes have taken place, we have *first* to restore the healthy action of the kidney—and, *secondly*, to guard against those dangerous secondary consequences which may destroy the patient at any period of the disease. Inflammatory affections, especially of the serous membranes, and serous or sanguineous effusions on the brain, are the two principal sources of danger. Thus, out of seventeen dissections, they found ten or eleven betraying pleural inflammation, ancient or recent—five of pericardial phlogosis, (three recent, two old,) and only one where peritoneal inflammation was well marked. In respect to cerebral affections supervening on renal disease, the cases recorded by our author present both apoplexy and epilepsy. The treatment must, therefore, bear on the prevention of these impending dangers, and active depletion, in the early stages, is indispensibly necessary. When symptoms indicative of the presence of these inflammatory affections appear, there can no longer be a doubt as to the free abstraction of blood. Practitioners should bear in mind that, in these complaints, the thoracic inflammations are extremely insidious, and are often masked by the hydropic phenomena. "And we are led to ascribe many of the symptoms—such as the slight cough, the dyspnœa, and the difficulty of lying down—to effusion rather than inflammation." We are sorry to hear such observations from Dr. Bright, at a period when effusion in the chest may be very readily distinguished from inflammation of the lungs or pleura, by even tyros in auscultation.

When the inflammatory attack comes on early in the disease, it is often overcome by free depletion; but in the more advanced stages, the patient bears depletion so ill as to check the depletory measures. But bleeding is also an important remedy for the restoration of healthy action in the kidneys themselves. The foundation of future disorganization is probably laid in a previous state of slow inflammation or congestion. General blood-letting was useful in many cases—in others, local depletion from the loins had a better effect.

Purgatives, especially the saline laxatives combining diuretic powers, are decidedly beneficial. The supertartrate of potash was found very useful in our author's hands. He gave it in a fully saturated solution—a large draught early in the morning. The next diuretic which Dr. B. has been in the habit of employing, was squill, in its various preparations—especially when combined with hyosciamus or opium. Digitalis, where the pulse was sharp, seemed adapted to the complaint. When the inflammatory stage had subsided, Dr. B. thought he saw advantage derived from turpentine and Peruvian balsam.

In respect to the employment of mercury in this class of diseases, Dr. Bright seems to be of opinion that it is injurious, rather than advantageous; although it is consistent with good and successful practice in most other inflammations to avail ourselves of the valuable combination of calomel and opium. Still Dr. B. appears to be in doubt upon this subject. He observes, however, that the sphere of mercurial practice, in these diseases, is very much limited, on account of the rapidity with which ptyalism comes on, and the difficulty of restraining it afterwards. When the cellular membrane is anasarcous, from renal disorganization, the gums and cheeks are not capable of supporting the process of ulceration, and often pass into a state of gangrene.

"Where, as in a case to which I have only referred, we have a flaccid, watery and dissolved state of the kidney, I can point out no diagnostic symptoms by which it can be discovered, except such as show general debility of circulation and feebleness in the structure of the heart; for probably the feeble condition of the two organs may often be found co-existent. If this be the case, it is not improbable that Tonics will be the most appropriate remedies. In one or two cases of anasarca which I have lately had under my care, where from the feeble but extensive beat of the heart I was led to suppose that a feeble state of that organ existed, a combination of Sulphate of Quinine with Squill, effectually restored the patient. And occasionally we find anasarca even with coagulable urine so marked by debility, that tonics and steel give decided relief; probably it is as a tonic that the Uva Ursi is sometimes useful." 74.

## II. CHEMICAL PROPERTIES OF THE URINE.

Dr. Bostock has favoured the author with a letter on this subject, from which we shall extract some particulars. In the greater number of specimens of urine examined by Dr. Bostock, as passed by the patients whose cases are narrated, the quantity of matter dissolved or suspended was below the average of healthy urine. Dr. B.'s experiments induce him to conclude, that these specimens of urine were not only deficient in some of the natural constituents, but contained a quantity of extraneous matters. The coagulability of the dropsical urine, Dr. Bostock attributes to the presence of albumen; but thinks that this proximate principle is modified or altered, in some cases of the disease under consideration.

Here Dr. B. trenches a little on the pathological physician's province. He observes that the presence of albumen is commonly considered a morbid phenomenon, and a pathognomonic symptom of a certain state of the constitution, or, indeed, of a

specific disease. If the albumen be in a state coagulable by heat, the first position may be true; "but it must be admitted, on the other hand, that an albuminous state of the urine is produced by such a variety of circumstances, and many of them of so trifling a nature, as to render it almost a constant occurrence." In his own person, he has hardly ever found the urine entirely free from albumen, and he observed it to be increased to a considerable amount by the slightest causes.

This brings our analysis of the first part of Dr. Bright's work, occupying 88 quarto pages, to a close. In our next number, we shall pursue our analysis, so as to make our readers as well acquainted with the work as can be done through the medium of a journal, and without the assistance of the plates. We strenuously recommend again this very meritorious production to the patronage of the affluent members of our profession, and think that no medical society or association should be without it.

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## IX.

*Traité de l'Auscultation Mediate, &c. A Treatise on the Diseases of the Chest, and on Mediate Auscultation.* Translated from the French of R. T. H. Laennec, M.D. with copious Notes, and a Memoir on the Life of the Author, by John Forbes, M.D. senior Physician to the Chichester Infirmary, &c. Second Edition. One volume, 8vo. pp. 722, with Plates, and a Head of the Author. London, 1827.

Eight years have now elapsed, since we first called the attention of the profession, in this country, to the treatise of M. Laennec, which we characterised as one of the most valuable productions that had appeared in the present age. In doing this, we rested our opinion chiefly on its pathological merits, having then had but little personal experience of the application of the author's discovery to the diagnosis of thoracic diseases. Since that period, however, we have had abundant opportunities of verifying the truth, and of appreciating the value, of *mediate auscultation;* and we can now as confidently bear testimony to the value of the diagnostic part of M. Laennec's work, as we then did to its pathological merits.

As, on the occasion alluded to, we entered very fully into

the pathological views of the author,* and again took up the subject in noticing Dr. Forbes's translation of the first edition, we do not now mean to give any thing like a formal *analytical* review of the work before us. And we the more readily come to this determination, seeing that, in its present improved form, it must soon be in the possession of every medical man, who is really desirous of making himself acquainted with a class of diseases, which he is called upon to treat more frequently, perhaps, than any other; and his successful treatment of which must of course, depend no less on his knowledge of their nature, than on his powers of distinguishing them from each other. Our principal object, in this notice, will be to point out to our readers the very material improvements and additions with which the present edition has been enriched by the distinguished author and able translator.

The work has now attained all the perfection which it ever can receive from the hand of M. Laennec, whose premature death we had lately the melancholy task of recording. He just lived to see the present edition published, the completion of which, with his other arduous professional avocations, seems clearly to have hastened his end. The death of M. Laennec has deprived the profession of one of its most talented and most zealous members, and the medical school of Paris of one of its brightest ornaments; and this, too, at a period of life, when, judging from his past labours, so much might still have been expected from him.†

The present edition possesses many and great advantages over the former. It is much enlarged and improved in every respect. The arrangement is infinitely superior, the pathological descriptions more complete, the diagnostic signs are more correctly stated, and the limits and practical utility of

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* See vol. II. of this Journal, Jan. 1820, when we occupied upwards of thirty closely-printed pages, in giving a condensed analysis of the first edition.

N.B We were a good deal surprised at a singular mis-statement in Dr. Forbes's dedication, wherein he gives Dr. Clark the credit of being the *first* to promulgate the work of Laennec in this country. Our analysis of it came out several months before Dr. Clark's notes were printed.

† Dr. Forbes has prefixed to his translation an interesting sketch of the author's life, containing a history of his studies, an accurate list of his numerous writings, and an estimate of his private and professional character. He was only in his 45th year when he died. It is singular that none of Laennec's biographers have noticed his genius for, and even practical knowledge of, mechanics; though it was, in all probability, this turn of mind which led to the discovery of the stethoscope.

mediate auscultation more clearly defined. The *treatment* of the different diseases is also added in the present edition; and the work must now be considered as a very complete treatise on the pathology, diagnosis, and method of cure, of the diseases of the thoracic viscera:—

"The original treatise," says Dr. Forbes, and in this sentiment we entirely accord, "will remain an imperishable monument of the genius and industry of the author; and the discovery of which it treats, will entitle him to a distinguished rank among the benefactors of mankind. As a standard work on the pathology and diagnosis of diseases of the chest, it is not only without an equal, but may be considered as almost perfect in its kind. Much, no doubt, will hereafter be discovered that will modify and improve the delineations of disease which he has left us, but their great outlines must remain unalterable as nature itself."*

Besides the treatment and general improvements which we have noticed, numerous additions have been made to the original materials of this work, which we shall rapidly glance at. In the very important chapter on "*Inflammatory Affections of the Mucous Membrane of the Bronchia*," the sections on *pituitous, dry, latent, suffocative*, and *symptomatic catarrh*, and also on *hooping-cough*, are either altogether new or greatly enlarged. The chapter on *Dilatation of the Bronchia* is also much augmented, that on *Croup* is entirely new. The subsequent chapters on *Bronchial Hæmorrhage, Bronchial Polypus, Ulcers of the Bronchia, &c.* are materially enlarged. The dissertation on the structure of the lungs, introductory to the diseases of these organs, contains much new matter. The chapters on *Atrophy* and *Hypertrophy* of the lungs are new; that on *Emphysema of the Lungs* is much enlarged, and one of the most interesting in the treatise. The chapter on *Peripneumony* is materially improved, and really constitutes a complete and elaborate monography of pulmonic inflammation. The article *Phthisis* is greatly enlarged and also materially improved; and, like many others in the work, constitutes a beautiful specimen of accurate pathological research. Before the publication of the work of Luis, this monography of consumption was unrivalled; even now, with the aid of the translator's copious annotations, derived from the work of Luis and many others, it is probably still the best memoir on the subject; certainly it is, beyond all question, the best in the English language. The chapters on *Diseases of the Pulmonary Vessels*, and on *Nervous Affections of the Lungs*, are mostly new.

To the second grand division of the work, which treats of

* Translator's Preface, p. 1.

the heart and its appendages, the additions are less important, though this part is also much enlarged and improved. The new sections on *nervous affections of the heart and arteries* are interesting, and conclude the work.*

Thus much for the original: with respect to Dr. Forbes' translation, it has our most unqualified praise. He has not only given a complete version of the present edition, but has enriched the original matter with copious and valuable notes; partly from the stores of his own observation, and partly selected from the older authors, both foreign and English, whose works Laennec had overlooked. He has also been enabled to supply much valuable matter from the works of Andral, Luis, &c. which have appeared since Laennec's work was printed. Dr. Forbes's acquaintance with the German and Italian languages has also enabled him to draw upon the medical literature of these countries on many occasions. And it may be stated generally, that where Laennec's account of any disease is incomplete, Dr. Forbes has either added what was wanting, or has indicated the sources whence more full information may be obtained. On the treatment, which certainly is not equal to the other parts of the work, though still containing many practical remarks well deserving the attention of the English physician, the notes supply much valuable information. They are evidently the produce of a mind well stored with knowledge, and possessing a sound judgment to direct its practical application. Dr. Forbes, with talents of no ordinary stamp, evinces in all his writings the highest degree of candour and liberality: attached to no sect, and free from prejudice and bias of every kind, he willingly grants to each man the merit that is his due, to whatever age or nation he may belong. Though fully impressed, we observe, with the value of the great improvements introduced into medicine by modern pathologists, and more especially by the French, we are happy to see that he does not, on that account, overlook the stores of sound practical knowledge to be found in the writings of the older authors, particularly those of our own country, and which are too much neglected in the present day. The notes, in truth, contain a vast mass of important information, which renders the translation a much more valuable work than the original. The whole treatise deserves the careful perusal of every medical man, but we would particularly call the attention of the younger

* In comparing the translation with the original, we perceive that Dr. Forbes has made several transpositions of chapters and sections which appear judicious.

members of the profession to the chapters on bronchial diseases, which are treated in a masterly manner. The dry and latent forms of catarrh demand especial attention, as being little attended to—we had almost said, entirely overlooked in this country; though the neglect of them often leads to the most distressing and even fatal consequences. They very frequently lay the foundation of those interminable coughs, dyspnœas, asthmas, &c. which embitter the remaining period of thousands of lives, which they eventually shorten. They also complicate many other diseases, and render them much more difficult of cure, for instance, fever, pneumonia, pleurisy, &c. The complication of these, and indeed of all the forms of chronic catarrh, with an irritated condition of the mucous membrane of the gastric system, forms one of the most important subjects, in a therapeutical point of view, with which we are acquainted. The following excellent practical remark shews that the morbid connexion in question has not escaped Dr. Forbes's observation. After noticing the use of copaiva and similar medicines recommended by authors for the cure of catarrhal affections, he observes—

"A circumstance not much noticed by these writers, and which renders all such plans of treatment nugatory, is the frequent co-existence, especially in old persons, of a similar condition of the mucous membrane of the upper portion of the alimentary canal. In this complication, every thing stimulating, whether as food or medicine, is decidedly injurious; while the most marked benefit is derived from such mild regimen as the obvious condition of the membrane indicates."*

The article on pleurisy is altogether excellent, and the treatment good. In one point of practice, in which we find Dr. Forbes differs from the author, (who prefers cupping to the application of leeches,) we decidedly agree with M. Laennec. In cupping the operation is much less tedious and harrassing to the patient, the quantity of blood abstracted can be accurately regulated, and the exposure of the chest, which we hold to be of great consequence to guard against, is much more easily avoided.

In the treatment of peripneumony our views do not accord so fully with those of M. Laennec. He carried the use of tartar emetic to a great extent, and we must say, in our opinion, without much judgment or discrimination. The following is the author's own account of his practice.

"As soon as I recognize the existence of pneumonia, if the patient is in a state to bear venesection, I direct from eight to sixteen ounces of blood to

* P. 76—note.

be taken from the arm. I very rarely repeat the bleeding, except in the case of patients affected with disease of the heart, or threatened with apoplexy, or some other internal congestion. More than once I have even effected very rapid cures of intense peripneumonies without bleeding at all; but, in common, I do not think it right to deprive myself of a means so powerful as venesection, except in cachectic or debilitated subjects. In this respect M. Rasori does the same. I regard blood-letting as a means of allaying, for a time, the violence of the inflammatory action, and giving time for the emetic tartar to act. Immediately after bleeding I give one grain of the tartar emetic, dissolved in two ounces and a half of cold weak infusion of orange-leaf, sweetened with half an ounce of syrup of marsh-mallows or of orange-flowers; and this I repeat every second hour for six times; after which I leave the patient quiet for seven or eight hours, if the symptoms are not urgent, or if he experiences any inclination to sleep. But if the pneumonia has already made progress, or if the oppression is great, or the head affected, or if both lungs, or one whole lung, is attacked, I continue the medicine uninterruptedly, in the same dose and after the same intervals, until there is an amendment, not only in the symptoms, but indicated also by the stethoscopic signs. Sometimes even, particularly when most of the above unfavourable symptoms are combined, I increase the dose of the tartar emetic to a grain and a half, two grains, or even two grains and a half, without increasing the quantity of the vehicle. Many patients bear the medicine without being either vomited or purged. Others, and indeed the greater number, vomit twice or thrice, and have five or six stools the first day; on the following day they have only slight evacuations, and often, indeed, have none at all."*

We have no doubt of the powers of antimony in subduing pulmonary inflammation; but we are equally satisfied that it requires to be exhibited with circumspection, and with due regard to the peculiar character of each individual case. The general use of it, however, in large doses, and in the indiscriminate manner in which M. Laennec and the followers of Rasori employ it, we regard as both injudicious and dangerous; we, therefore, perfectly coincide in the judicious comments which Dr. Forbes has made on this subject, and to which we beg to refer the reader.† Pneumonia is often complicated with irritation and congestion of the abdominal viscera, and requires a corresponding modification of treatment. In this combination will in truth be found a key to the very contradictory statements regarding the utility of emetics, purgatives, &c. in

* The report which M. Laennec gives of the success of this treatment appears great, though certainly some of the most observant pupils who attended his clinic were not equally satisfied on this point with the professor himself; and we confess the result of our enquiries on the subject incline us to the opinion of those, who think that M. Laennec deceived himself in estimating the extent of the success obtained by his tartre stibié, and underrated, perhaps, the effects of the venesection which was premised in those cases in which the antimony appeared to be most successful.—*P.* 250, *Translation.*

† See notes on the treatment of peripneumony, by the translator.

pneumonia. Every physician of observation must have remarked the comparative facility of curing simple pulmonary inflammation, and the great difficulty of managing it when complicated with the pathological state to which we allude. When all is sound below the midriff, things turn out well, often under the most unpromising circumstances; while the reverse too frequently obtains when the abdominal viscera are in an unhealthy state. The translator has some long, and rather learned notes on the employment of antimony—we make one selection for our present purpose.

"In respect of the administration of the emetic tartar in pneumonia complicated with gastric disorder, I should say that it requires the utmost caution generally, and the greatest attention to each particular case, in order to guard against producing great mischief by it. In many of those cases of gastric complication recorded by Stoll, Reviere, Hellis, and others, where the affection consists rather in a loaded condition of the stomach, duodenum, and liver, and a vitiated state of their respective secretions, than in inflammation or high irritation of the mucous membranes, no doubt the emetic tartar may be valuable, at all events, as an emetic: but when evident signs of the other condition of parts exist, we cannot administer this remedy without imminent danger of augmenting the evils we are attempting to alleviate. That even in these latter cases, the emetic tartar is sometimes useful, I do not deny; but I believe Broussais' opinion on this point will be found to be generally correct: he says, speaking of emetic tartar in simple inflammatory affections of the stomach, 'leur effet est incertain dans les cas légers; et dans les graves, ils sont toujours dangereux, parcequ' ils ne manquent jamais d'augmenter l'inflammation qu' ils n'ont pas réussi à enlever,' (*Prop. de Med.*) But my principal object at present is, to call the attention of practitioners to the frequent co-existence of gastric affections with pneumonia in this country, and to point out the absolute necessity, in such cases, of treating *both* diseases at the same time. In the simple disease we shall generally find our bleedings from the arm, and our tartar emetic, according to the French phrase, *heroic;* while, in the complicated affection, we shall find these means, if not injurious, at least inefficacious, if we fail to attack the gastric affection with leeches to the epigastrium, saline refrigerants, mucilaginous diluents, &c. and if we do not forbid the ingestion of purgatives and other irritants, at least for a season."

In the truth of these remarks we perfectly accord. Dr. Forbes, in another note, gives the results of his own experience of tartar emetic, which are, upon the whole, favourable, and will be so, we doubt not, in the hands of those who use the same judgment and discrimination in the employment of it that Dr. Forbes does.

On *asthma*, in its various forms, we find much most valuable matter in this edition; and, taken in conjunction with the preceding accounts of *dry catarrh* and *emphysema of the lungs*, affords more precise information respecting the pathology of asthma than is to be met with in the writings of all preceding authors. Indeed, after a careful study of this part of the work,

we are disposed to believe, with the translator, "that we have such additional light thrown upon this disease, *(asthma,)* that it may henceforth, in a great measure, be considered as raised from the obscurity of hypothesis into the light of rational pathology." In the following remarks by Dr. Forbes, on the treatment of asthma, we perfectly concur.

"Among the remedies that best deserve notice in asthma, I would mention a mild and spare diet, residence in a more temperate climate, and warm bathing. The first of these measures will be found very beneficial in cases complicated with gastric irritation; the two last are especially indicated in that class of cases which date from the disappearance of cutaneous eruptions under the use of powerful external applications. This method of cure is, I am convinced, the fruitful source of many internal irritations and inflammations, and, among others, of bronchitis and asthma. Although the doctrine of repulsion may be deemed by some theorists somewhat absolute, I feel assured that its truth will be assented to by most observant practitioners of experience. I therefore consider it my duty to caution the student against a practice, which accords too well with the energetic empiricism so much in favour in this country, not to be readily adopted from analogy, even if not inculcated by positive precept."—*(Note, p.* 418.*)*

But to notice all the valuable articles in the volume before us would be to go over the table of contents. In no other work is the same accurate and comprehensive information, on the various subjects of which our author treats, to be found. It is truly a classical production, not only to be read but studied;—a work of reference, in short, which almost every practitioner might advantageously recur to while the disease is under his observation. By comparing the descriptions of Laennec with nature, the clinical student more especially, to whom the work is invaluable, will learn to estimate the graphic delineations of the author, while he will greatly increase his knowledge of disease, and improve his powers of observation at the same time.

The second division of the work, which treats of diseases of the circulating system, is less perfect than the other; but Dr. Forbes's notes and references go far to supply its deficiencies. We make a single extract from one of the former, because it contains a practical admonition of great importance.

"I would therefore lay it down as a valuable practical rule in chronic affections of the heart, that previously to having recourse to any remedies intended to act directly on it, we ought to be assured that the digestive organs are in a healthy state—that their mucous surfaces are free from irritation—their vascular system not morbidly distended, and that the liver is performing its secretory function freely and regularly."*

* Note, p. 687. We recommend the careful perusal of the whole of this note to every medical man. In the conluding part of it, as on many other occasions, the translator bears testimony to the benefits derived by the profession from the labours of Broussais.

We hold this to be a golden rule, as well in chronic affections of the heart, as in other chronic diseases.

But we must leave this part of the work, to make a few remarks on the method of diagnosis recommended in it. We shall not occupy our reader's time, by enquiring into the causes which have retarded the progress of *mediate auscultation.* They are much the same which have operated against the introduction of every important discovery connected with the advancement of medical science, from the time of Harvey downwards. We are ready to grant, also, that there are some circumstances which operate against the application of the stethoscope, peculiar to itself; but even these have been greatly magnified, and will be entirely disregarded, as the conviction of its practical utility becomes established.

The application of auscultation to the diagnosis of diseases is surely a philosophical experiment. No good reason can be certainly adduced, why we should not avail ourselves of the information to be obtained through the medium of the sense of hearing, in increasing our powers of detecting the nature of diseases. And if we can shew that there is a most important class of diseases, the nature and seat of which it is often impossible to discover by other means, while it is yet of great practical importance to distinguish them, not only from one another, but in their different stages, we think it will be difficult for the opponents of auscultation to adduce satisfactory reasons for rejecting it.

It is notorious, and matter of daily occurrence, that great and important errors are committed in the diagnosis of thoracic diseases; most, if not all, of which might be obviated by means of auscultation.

"I will go so far as to assert," says Laennec, "and without fear of contradiction from those who have been long accustomed to morbid dissections, —that, before the discovery of Avenbrugger, one half of the acute cases of peripneumony and pleurisy, and almost all the chronic pleurisies, were mistaken by practitioners, and that, in such instances as the superior tact of a physician enabled him to suspect the true nature of the disease, his conviction was rarely sufficiently strong to prompt and justify the application of very powerful remedies."*

Now the greater number of medical practitioners, in this country, are precisely in the same state as the French practitioners were before the time of the justly celebrated Corvisart, who first called the attention of his countrymen to the discovery of Avenbrugger; for percussion is scarcely more frequently employed in England than the stethoscope; and yet it is

* Introduct. p. 2.—*Trans.*

justly characterised by Laennec as "one of the most valuable discoveries ever made in medicine."

"By means of it (he adds) several diseases which had hitherto been cognizable by general and equivocal signs only, are brought within the immediate sphere of our perceptions, and their diagnosis rendered both easy and certain."*

Even in our hospitals, percussion, we believe, is little used, though we will venture to affirm that, before a physician has made trial of it in half a dozen cases, he shall be so satisfied of its practical utility, that he will experience surprise, and, it may be, regret, that he had not had recourse to it sooner. But the information to be derived from *mediate* auscultation is far more extensive and accurate, though, as Laennec justly observes, the combination of the two methods becomes still more useful than either singly.

Too much has been required of the stethoscope by those who were prejudiced against it: if it did not tell every thing, it was considered as doing nothing; and the sins, moreover, of the auscultator have been, not unfrequently, visited upon the instrument. It has been said, too, most incorrectly, that mediate auscultation has been brought forward as a substitute for all other diagnostic signs. M. Laennec never had such an intention; and Dr. Forbes takes particular pains, in his preface, and other parts, to define the value, and limit the reliance to be given to auscultation. In a note on the article phthisis, he observes,

"It is only by combining the practice of auscultation with the faithful observation of symptoms, and by studying the results obtained from both sources, with a reference to the pathology of the disease, that we can hope to attain such a certainty of diagnosis as can satisfy a philosophical mind."

This is the true light in which auscultation should be employed—not as a substitute for, but as an addition to, the means we already possess of discriminating diseases. So far from leading us to relax in our researches, it tends rather to sharpen the intellect, by giving us a new interest in the disease. Having, by means of auscultation, ascertained the precise nature and stage of the disease, we may, by close observation of the morbid phenomena which accompany it, greatly improve our general diagnostic power. Before we know the exact pathological condition of an organ, the general symptoms produce but a vague and feeble impression on our mind, because we know not to what particular lesion they are referable. But this once ascertained, every thing connected with the case acquires a vast increase of value and interest, and every obser-

* Introduct. p. 3.—*Trans.*

vation we afterwards make forms a step towards a positive knowledge of the symptoms which characterise the disease. We have, thus, in mediate auscultation a new source of power, which, being well applied, may ultimately enable us to dispense with the very means by which we acquired it. It has also been used as an argument against the stethoscope, that the knowledge communicated by it comes too late for useful practical purposes. This has arisen chiefly from mediate auscultation having been too much associated with phthisis, and from its value in other diseases having been estimated by its practical utility in consumption; while, in general, and used alone, it is comparatively of little use in this disease: but the reverse holds true in other diseases, and the great practical utility of auscultation rests on the fact of diseases being discovered by it in their more early stages, when the most observant physician is doubtful of their nature. In the latent periods of disease, auscultation will often convert our bare suspicions into certainty, and enable us to apply our means of cure at a period when they avail the most. In pneumonia, in bronchial diseases, and in some affections of the heart, the disease not unfrequently remains latent during the greater part of its progress, or is only accompanied by symptoms which do not enable the practitioner to detect its nature till it is too late—sometimes not until it is disclosed by the dissecting knife! This is still more strikingly the case in some fevers, accompanied with oppression of the nervous system, in which extensive disease of the lungs occurs, without being accompanied with the usual indications. This is the case in a remarkable degree, also, in that fatal termination of many surgical diseases, by supervening, but masked, peripneumony, as noticed by some of our best surgical writers, Mr. C. Bell, Mr. Guthrie, &c. as referred to by Dr. Forbes in a note, p. 238. In the case of young children, also, where we are deprived of half the information on which we are accustomed to form our opinions, auscultation becomes the only diagnostic measure on which we can safely depend. On examining bodies, carried off apparently by fever, at all ages, extensive inflammation of the lungs is often discovered, though, during the life of the patient, the existence of such an affection was scarcely suspected, and the detection of which, in due time, might have been the means of saving him. Yet this post-mortem examination is of little utility to practitioners in general, because it does not shew them how such cases are to be detected on another occasion:—On him, however, who can call auscultation to his aid, the discovery of such a case produces a very different effect. He is not likely to lose another patient

under similar circumstances; or, at least, he will not do so, without being aware of the nature of the fatal disease, if he is not able to prevent its becoming so, which will often be the case. The stethoscope thus communicates the same certain kind of information which, in too many cases, we obtain only at the dissection-table: with this difference, that, in the former case, we have the disease still under our observation, and may turn our knowledge to the advantage of our patient; while, in the latter case, we can only regret that we did not know what the dissecting-knife has disclosed to us, while our patient was yet alive.

The difficulty of acquiring a knowledge of the application of the stethoscope has been urged as a reason against its general employment; but against what part of medical knowledge might not the same argument be used? It is much easier to become acquainted with mediate auscultation, for all useful practical purposes, than it is to become acquainted with the indications afforded by the pulse. The sense of hearing no doubt differs in acuteness in different individuals, just as the other senses do, and there can be no question, that some will, by one week's practice of the stethoscope, acquire more tact in its application, than others will in several weeks, or even months; but we are well assured, that there is scarcely any one whose acoustic organs are so dull, that he may not, in a very short period, acquire sufficient proficiency in its use, to enable him to distinguish the principal diseases of the thoracic viscera from each other, so as to render his practice much more satisfactory to himself, and infinitely more beneficial to his patients. We can speak strongly on this subject from practical experience. Even in a negative point of view, we have felt much indebted to the stethoscope, for setting our mind at ease in some of those nervous affections, which simulate organic disease of the respiratory organs, and, at times, produce such alarming symptoms, as to embarrass the most experienced practitioner. But the greatest enemy to mediate auscultation, after all, we fear, is indolence, which, as Dr. Forbes well remarks, (note, p. 78) "is a potent and prevailing advocate, even with the most active. We readily persuade ourselves, that what is very troublesome to do may be left undone, with little detriment to ourselves or others; and that an easy substitute is an adequate substitute." For our own parts, we are thoroughly convinced, that, in the present state of our knowledge, there is no adequate substitute for auscultation in discriminating the various important diseases to which the thoracic viscera are obnoxious, and which, it is to be feared, too often lead to a fa-

tal result, because their nature is misunderstood, or because they are not recognised till the period has gone by at which our art is of much avail.

Deeply impressed with the great advantages which the profession—which mankind—may derive from the general introduction of auscultation, (under which term we comprehend percussion, and immediate, as well as mediate, auscultation*) we think it our duty to urge our professional brethren, and above all those who are at the head of our public medical institutions, to give the measure a fair trial.† Those who hold the highly responsible office of instructing the rising members of the profession, should reflect on the mischief they may be doing by neglecting auscultation, even if it might claim only one half the praise which we are satisfied it deserves. All we ask for is a fair trial, and we fear not the decision of every candid and honest mind. Too often, we fear, has the measure been condemned after a trial altogether inadequate, and we readily sympathise in the indignant feelings expressed by Dr. Forbes, on the contemplation of such unphilosophical proceedings.

"When, therefore, we hear," he says, "as we sometimes do, that certain persons have *tried the stethoscope*, and abandoned it upon finding it useless or deceptive; and when we learn, on enquiry, that the *trial* has extended only to the hurried examination of a few cases within the period of a few days or weeks; we can only regret that such students should have

* Much of the information afforded by the stethoscope may be obtained more directly by the immediate application of the ear to the chest of the patient; but, independently of various objections to this method, it does not generally afford the same accurate information as the stethoscope, and, in several situations, is not at all applicable. We, therefore, strongly recommend the beginner to commence his observations with the stethoscope; the substitution of the ear is afterwards easy, and often convenient—not so the reverse. Every person desirous of making himself acquainted with the nature, the value, and method of employing auscultation, should read with care M. Laennec's *Preliminary Essay on the physical Diagnostics of the Diseases of the Chest, &c.* On *Percussion*, which our author has treated too briefly, the reader is referred to the translation of Avenbrugger by Dr. Forbes, or Corvisart; the former has some interesting cases attached to it, illustrative of the utility of mediate auscultation.

† In Dublin, where, as it seems to us, medicine is cultivated more as a science, and with greater zeal, especially in their public institutions, mediate auscultation, as might be expected, is in far greater estimation than on this side St. George's Channel. We had occasion to make pretty copious extracts, in our last number, from a valuable paper in the fourth volume of the Dublin Hospital Reports, by Drs. Graves and Stokes, the principal object of which was to "prove the utility of the stethoscope in the *diagnosis* and *treatment* of thoracic diseases." The remarks of these gentlemen on hydrothorax we recommend especially to the attention of the opponents of auscultation.

been so misdirected, or should have so misunderstood the fundamental principles of the method. No conclusion, deduced from such attempts—I cannot dignify them with the term experience—can have any weight with those qualified to judge of the matter; they can only be added to the heap of *false facts*, as they have been called, with which medicine, and indeed every department of human knowledge, is overlaid, and which are the characteristic and ready offspring of minds too feeble to be habitually conversant with general principles, and too narrow to embrace all the more important relations of the objects of their enquiry."*

We believe the stethoscope has been condemned on slighter trials than Dr. Forbes alludes to, and often without any trial at all. But we have already extended this article beyond the limits which we had assigned to it, though we shall neither consider our own, nor our reader's time, as wasted, if our remarks on auscultation shall tend to its more general adoption.

Before concluding, we think it our duty to say one word on the literary merits of Dr. Forbes's translation. We have read it with care, and have no hesitation in pronouncing it to be one of the best, if not the very best, translated medical works in our language. The sense of the author is given in correct and perspicuous language, while the style is at, the same time, much more condensed than the original.† It is evidently the work of a scholar, thoroughly acquainted with the language he is translating, as well as with that in which he is writing. We would recommend Dr. Forbes's work as a model for translators. We now bid our authors farewell; grateful for the information we have derived from their labours. To M. Laennec it is a last farewell; but his translator, we trust, we shall soon meet again on the literary arena, satisfied that we can never do so without increasing our knowledge.‡

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* Translator's Preface, p. viii.

† By this condensation, and using a large page, Dr. Forbes has comprehended in one moderate sized volume, what was spread over two in the original, a great advantage in a book of reference.

‡ As it is our intention, in the Review department of our Journal, for the future, to single out, as far as is possible, *particular subjects*, in the works reviewed, and reflect on them all the collateral lights of experience and research, with the view of forming, in fact, a series of monographs on the principal diseases to which the human frame is liable, so we will again revert to the work now superficially reviewed, and take occasionally one of the more important topics therein contained for our text. By this plan we hope not only to render our Review department still more valuable than it has hitherto been, but we shall thereby defy all attempts at anticipation of our labours by the "flying artillery" of the present times. In each HALF-MONTHLY fasciculus or part of our next and succeeding numbers, we shall give one very extensive, or two moderately sized *eclectic articles* of the above description, which we hope to render a very important feature in our Journal, and a very great improvement in the Review department.

## X.

1. *Medical Botany.* By John Stephenson, M.D. and James Morss Churchill, F.L.S. Nos. IV. V. VI. for April, May, June, 1827.
2. *Flora Medica; containing Botanical Descriptions, Natural History, Chemical Properties and Analysis, Medical Properties and Uses, &c.* Edited by a Member of the London College of Physicians, F.L.S. and assisted by several Members of a Botanical Society. No. I. Nov. 1827. London, Callow and Wilson. Octavo, pp. VIII.-16. Six coloured Plates.

Some of our readers may recollect that, in a former notice of the first of these publications, we commented, at some length, on the importance of Medical Botany, as an accessory science of medicine, and pointed out some causes for the little attention and cultivation it has received in modern times. We likewise expressed our conviction, that its value was already beginning to be better appreciated; and, as if to realize our anticipations of its speedy revival, another work has since started into existence, the consideration of which we must defer, until we have fulfilled our promise of resuming the notice of the subsequent numbers of Messrs. Stephenson and Churchill's publication.

### No. IV.—APRIL, 1827.

Plate XIII. well represents Conium Maculatum—*Common or Spotted Hemlock*, for which, we believe, other plants, of the same natural family, are often mistaken by ignorant persons; and it is, perhaps, only by such a supposition, that the contradictory statements of authors, respecting its medicinal and deleterious qualities can be reconciled. Some assert that the root is highly deleterious, and others that it is innocuous at all seasons. Störck states that the sliced root yielded a bitter acrid juice, a drop or two of which, applied to his tongue, rendered it painful, rigid, and so much swelled, that he could not speak; whilst our authors, whose experience coincides with the accounts of other experimentalists, inform us that, "having gathered a considerable quantity of the root in March, we ascertained, contrary to our expectation, that its odour was not so strong as that of the few leaves which were springing from it; and after chewing a drachm, we could discover no acrid power, and the taste, instead of being bitter, was sweet, and much resembled the flavour of a raw parsnip." Orfila, in April, gave an ounce and a half of the fresh root to a dog. Forty-eight hours afterwards, he had experienced no ill consequences, and the following day he was only somewhat dejected. Of the beneficial effects of hemlock in cancerous tumours, we once met with a remarkable example in an old woman, who had likewise diseased valves of the heart. The tumour had existed ten or fifteen years, and was of considerable size. It frequently became very painful and irritable, but was always relieved by a strong decoction of the plant, used as a fomentation.

"On painful sores of a scrofulous kind; on ulcers which remain in many irritable constitutions after the use of mercury; on some malignant sores, especially such as are met with on the tongue; on indurations of the breasts, and of the testes, it frequently exerts a most salutary power. It also allays morbid irritability of the system, and is given with marked advantage in pertussis, or hooping-cough, and in those pulmonary diseases which frequently follow inflammation of the thoracic cavity. Chronic rheumatism, also, and anomalous pains of the muscles, are often benefited by its use."

To ensure the due effects of the plant, our authors judiciously recommend the powder of the leaves, gathered in June, just as it commences flowering. The extract, they remark, "can scarcely ever be relied upon, from the

carelessness observed in its manufacture." There is, however, another manipulation resorted to by the manufacturers of this and other extracts, which, as it increases the quantity of the product at the expense of its efficacy, cannot be too generally known, nor too widely exposed. The practice we allude to, is that of macerating the bruised plant in water, until the process of fermentation has decomposed the vegetable matter, and the mass is far advanced towards putrescency, after which it is expressed, and evaporated in the usual manner. It is no wonder that extracts thus prepared should prove uncertain and inefficacious; but, were we not certain of the fact, we confess we could scarcely credit, that respectable men should knowingly vend such deteriorated articles, to the great detriment of the lives and health of their fellow creatures, for the consideration of the paltry additional profit they derive from the process.

PLATE XIV. CITRUS AURANTIUM—*The Seville Orange*, furnishing the apothecary its peel, orange flower-water its perfume, and curaçoa its flavour, may be passed without comment, as likewise may—

PLATE XV. OLEA EUROPÆA—*The Olive Tree*, which supplies physic and the table with its oil.

PLATE XVI. ANAGALLIS ARVENSIS—*Scarlet Pimpernel*, furnishes the subject of a beautiful plate; but we scarcely think that a plant, of which two or three drachms of extract were required to destroy the life of a dog, ought to have been introduced into the list of poisons, without sufficient proofs of deleterious effects on the human frame. Abounding, as the work generally does, with quotations from works of general literature, we wonder at the omission of a passage in a satire of the late lamented Premier's, alluding to the property this plant, the "poor man's weather-glass," as it is commonly denominated, possesses, of closing its flowers on the approach of rain.

——"The Anagallis, prescient flower,
Shuts her soft petals at the approaching shower."—*New Morality.*

As well as the more sentimental expressions of the gentle Hurdis—

——"With tender sense,
The Pimpernel, which to the humid morn,
Ere yet the shower-shedding cloud appears,
Its bosom closes, and presages wet."

No. V.—MAY, 1827.

PLATE XVII. SOLANUM DULCAMARA—*Woody Nightshade, or Bittersweet*, is correctly represented, but varieties are not uncommon. Several original cases of poisoning by the berries of this shrub, are related in a communication from Mr. Wheeler, of Bayswater. The symptoms which occurred in two children, about an hour after partaking the deleterious repast, were "the most excruciating pains in the whole course of the intestines, attended with great heat in the throat and chest. They could not bear the slightest pressure on the abdomen, and suffered much from nausea, thirst, and prostration of strength." The treatment resorted to was the hot-bath, an emetic, which dislodged the contents of the stomach, leeches to the abdomen, a large dose of calomel, followed by a mixture of castor-oil, manna, and laudanum, "in proper proportions." Injections of beef-broth were also administered. A repetition of the leeches, with mild purgatives and emollient drinks, completed the cure. In a third case, violent vomiting and purging, with contraction of the abdominal muscles, were superadded to the symptoms presented in the former two. Two others proved fatal, but no examination of the bodies was made.

It is remarkable that these berries, so deleterious to the human frame, are eaten with impunity by many animals. Bittersweet is said by various authors to promote all the secretions: some ascribe to it violent cathartic properties, whilst slight narcotic qualities not unfrequently attend its employment. We need scarcely repeat Dr. Bateman's opinion, that "one of

the most effectual remedies for lepra, under all its varieties, is the decoction of the leaves and twigs of the Solanum Dulcamara."

Our authors have not noticed the preparation of Solanine from the berries of this species and the S. Nigrum, probably on account of the failure experienced by some who have repeated the process of the discoverer, M. Desfosses. See Majendie's Formulaire.

Plate XVIII. introduces Digitalis Purpurea—*Purple Foxglove*, one of the most useful and generally employed of our indigenous vegetables. In some of the western counties, as well as in Germany, it is called Fingerhut, from which appellation Fuchsius derived the scientific name it bears. Its remarkable power of controlling the pulse, and removing effusions, probably by restoring the balance of the circulation, will doubtless long entitle it to an important rank among vegetable remedies.

Plate XIX. Paris Quadrifolia—*Herb Paris*, a plant of somewhat rare occurrence, is introduced, as we suppose, on account of the emetic qualities of the root, which several reputable authorities satisfactorily attest it to possess, in the dose of one or two scruples, and recommend it as a substitute for ipecacuanha; but its rarity must preclude its extensive employment as a succedaneum; as well as diminish the chance of much danger, resulting from its deleterious qualities. It occurs, however, in many woods in the midland counties.

Plate XX. Tussilago Farfara—*Colt's-foot*, admirably depicted from the pencil and graver of Clarke, has been accounted excellent for coughs and pulmonary complaints from all antiquity. Galen, Pliny, and Dioscorides, recommend the smoke of the dried leaves to be inhaled through a funnel, and it is still in popular use as a substitute for tobacco. Our authors, regardless of these authorities, consider it an unnecessary and useless appendage of the Materia Medica.

No. VI—JUNE, 1827.

Plate XXI. Helleborus Fœtidus—*Fetid Hellebore*, or *Bear's-foot*. The letter-press accompanying this plate, representing a second species of hellebore, presents us with little information that is novel. It was once extensively employed in regular practice for its anthelmintic properties, expelling lumbrici, according to the testimony of respectable authors, with more certainty than almost any other medicine; and it is still commonly used by the vulgar for the same purpose, who give one digit of a leaf to a child a year old. It acts either as an emetic or cathartic, according to the dose administered. The principal value of a knowledge of this plant in the present day, depends upon the deleterious effects its improper exhibition sometimes occasions. The treatment required in such cases must be the same as for H. Niger.

Plate XXII. Arum Maculatum—*Common Arum*, *Wake Robin*, or *Cuckoo-pint*, furnishes another beautiful subject for pictorial representation. In a recent state, the white fleshy roots of this plant are extremely acrid, occasioning, when tasted, an insupportable sensation of burning, which lasts several hours. From Bulliard's relation of the cases of three children poisoned by eating it, we gather, that it causes inflammation of the whole tract of the digestive tube. Exhibited medicinally, it powerfully stimulates, and promotes all the secretions; to obtain which effects, the root must be used fresh or recently dried, as its acrid properties are soon dissipated by keeping.

Plate XXIII. Asarum Europæum—*Common Asarabacca*, a plant possessing strong emetic and cathartic qualities, was much employed before the introduction of ipecacuanha. Its chief use in the present day is as an errhine, a small pinch of the powdered leaves occasioning an abundant flow of mucus, and sometimes blood, from the nostrils.

Plate XXIV. Rosmarinus Officinalis—*Common Rosemary*, derived from *ros* and *marinus*, instead of *Roscæ Mariæ*, as the author of the *Catholic*

*Friend*, zealous for the honour of the monkish botanists, supposes, may be consigned to poets, lovers, and the grave, without detriment to our readers.

"Rosemary is for remembrance
Between us daie and night;
Wishing that I might alwaies have
You present in my sight."

We can only afford space for a list of the contents of the four following numbers.

No. VII. Rheum Palmatum; Iris Florentina; Tormentilla Erecta; Aconitum Napellus.—No. VIII. Viola Odorata; Cassia Senna; Papaver Rhæas; Acorus Calamus.—No. IX. Gratiola Officinalis; Momordica Elaterium; Œnanthe Crocata; Geum Urbanum.—No. X. Nicotiana Tabacum; Anthemis Nobilis; Morus Nigra; Lavandula Spica.

In closing this analysis, we regret that our duty to the public should make it necessary to remark, that the selection of subjects, and the information adduced in the latter numbers of this splendidly executed work, do not deserve the high commendations we passed upon the first specimens. Too many plants, of little use or doubtful properties, are needlessly introduced, serving to extend the work, and materially increase the expense, without enhancing the value to the purchaser: indeed, we think that several of the most beautiful specimens of the draughtsman's skill might be advantageously substituted for less conspicuous subjects, especially the poisonous fungi, of which none have yet been figured. Should the present system of giving only one or two important plants in each number be persevered in, we see little probability of the work being completed within a reasonable compass or time; but, we trust, the hints we here throw out will not be lost in the proper quarter.

We now turn to the second candidate for public favour, the Flora Medica, edited, as the title assures us, by "A Member of the London College of Physicians, F.L.S. and assisted by several Members of a Botanical Society." This work, published like the former, in monthly numbers, each containing six coloured plates, is pledged to be completed in twenty-eight numbers. Its plan not only embraces the strictly medical department of botany, but likewise professes to give an illustrative explanation of the Linnean system, as well as a list of botanical terms and definitions; and this, too, at half the expense of the other Medical Botany. The plates, though not so minutely accurate, are, for the most part, striking representations of the plants, and are coloured with great care and correctness. The Almond, Mezereon, and Mallow, deserve considerable praise. The letter-press, however, presents many sad specimens of an incompetent hand: such as induce us to pause before we credit its emanating from such learned persons as the title-page asserts. In the introductory pages we find Dioscorides and Galen styled *Roman* botanists: the *botanical* writings of Boerhaave and Bock are ranked among the *most* valuable, whilst those of Ray, Fuchsius, and a host of eminent men, are unnoticed. In the physiology many exploded notions are retained; whilst typographical errors, of a nature that could escape no one acquainted with the subject, disgrace almost every page. Among others, we have marked, p. ii. *maratima*; p. iv. *libiaceous*; p. vi. *barra*, (bacca); p. vii. *Anthemum*; Anethum, we suppose, for as the plant is pentandrous, it cannot be Anthemis. P. viii. the Genus Rosæ, &c. &c. We likewise observe that the Almond is stated to flower "early in February," and the Mezereon "early in January or February;" circumstances that indicate a want of attention in the writer, when compiling from the productions of a more southern climate. If the publishers persevere in their undertaking, we would urge them to cancel the introductory pages altogether. A set of good plates, at the price of this work, is much wanted, and it will not be difficult to find competent persons to conduct the letter-press department.

# Quarterly Periscope
OF
# PRACTICAL MEDICINE;
BEING
## The Spirit of the Medical Journals,
*Foreign and Domestic;*
WITH COMMENTARIES.

## PART I.
## HOSPITAL REPORTS.

### 1. INFLUENCE OF THE STOMACH ON THE MIND.*

The intimate sympathy which subsists between the brain and stomach has long been acknowledged; but we are quite convinced that two-thirds of the *effects* of this sympathy fail to be traced to their proper source. Thus, stomach affections are every day attributed to errors in diet, or other common physical causes acting directly on the organs of digestion, when the real cause is a *moral* one, acting through the medium of the mind, or, what is the same thing, through the medium of the mind's organ, the brain. So, on the other hand, we see disordered intellectual functions attempted to be traced to purely *moral* causes, when these causes are purely *physical* ones, deranging the mind through the medium of the stomach. Singular and incredible as the opinion may appear to those who have not much studied the subject, yet we have no hesitation in stating it as our conviction, that—*moral* causes act most frequently on the stomach and other digestive organs, while *physical* causes act most frequently on the mind. This view of the subject would incline one to think that, when a morbid impression is made on any organ—say the brain, as by a piece of bad news or the like, the organ primarily impressed immediately throws the onus on some other with which it sympathises, as, for instance, the stomach or liver. These latter, on the other hand, when disturbed by improper diet, or other causes, shift the suffering from themselves to the brain, in the first instance—thus acting like individuals in this world—every one for himself!

This seems to be pretty nearly the conclusion to which M. Bayle has come. "Every action, (says he) which is somewhat too energetic in

* On the Influence of Gastric Affections in the Production of Mental Maladies, and *vice versâ*. By M. Bayle.—*Revüe Medicale.*

one of these two organs (the brain and stomach), awakens a sympathetic affection in the other, and *vice versâ*. It is thus that the work of digestion, particularly if too laborious, or if the food has been in too great quantity, renders the senses more obtuse, exercise less relished, and induces an inclination to sleep. A very small quantity of spirituous potation has this effect on many people who are morbidly sensitive. Tea and coffee, on the contrary, excite the brain and intellectual faculties through the medium of the stomach, so as to prevent sleep for a time—and this before they can possibly be absorbed into the current of the circulation, and thus act directly on the brain." "On the other hand, the influence of the brain on the stomach is not less evident under a great variety of circumstances. The *sight* of nauseous objects often causes sickness of stomach, while that of savoury viands immediately excites an appetite. A blow on the head, an inflammation of the brain, will cause vomitings, and violent pain in the epigastrium."

The main subject of investigation, however, which is here proposed by our author, is, the reciprocal influence of chronic inflammation of the mucous membrane of the stomach and bowels in the production of mental maladies, and of mental maladies in the production of these gastro-enterites. This important investigation is to occupy several Memoirs in the Revue Medicale, and we shall take care to follow M. Bayle as he proceeds. The cases which come forward, on this occasion, will be valuable, whatever may be thought of the doctrine which they are meant to support.

*Case* 1. Madame H——, aged 63, of violent and tyrannical temper, had experienced, for some years, considerable domestic chagrin, without producing any ostensible effect on her mental faculties, till the month of December, 1817, when symptoms of alienation appeared. She became taciturn—was haunted with religious fears—and complained of severe pains in the epigastrium. She consulted a priest, and was evidently worse after receiving spiritual consolation. She was now in constant dread of being poisoned, and refused all aliment—complained of dreadful pains in her stomach—wished ardently for death, and more than once attempted suicide. She could not be prevailed upon to speak on any other subject than that of her hallucination.

In this state, she entered the Maison Royale de Charenton, on the 7th March, 1818. Her complexion was yellow—countenance meagre, and indicative of great melancholy—skin dry and harsh, with a strong tint of yellow—taciturnity obstinate—under constant persuasion that she was going to be poisoned and to undergo unheard of torments; hence evidently the desire of death, the attempts at suicide, the refusal of food, the groans and sighs, and the profound melancholy. This state continued without any alteration except an increase of obstinacy in taking food; so that she was actually destroyed by this obstinacy, and died on the 14th May, in the greatest possible emaciation.

*Dissection.* A considerable serous effusion in the ventricles, at the base of the skull, and in the spinal canal. The arachnoid was rather

thickened and opake—the pia mater injected—and the lining membrane of the ventricles thickened, and covered with fine granulations. In the chest, the inferior portion of each lung was hepatized. The heart was sound, but rather flabby and pale. The stomach contained some yellow fluid, and its mucous membrane was throughout reddened, thickened, and, in one place, ulcerated to the extent of two inches in length by one in breadth. This ulcer was in the vicinity of the pylorus—had penetrated through the whole of the coats, and even into the pancreas, to which the stomach was adherent; so that, in fact, the ulcerated cavity in the pancreas made part of the general cavity of the stomach. There were some marks of inflammation in the mucous membrane of the small intestines. The gall-bladder was filled with a calculus, in the shape of a pigeon's egg, to which the parietes of the receptacle were every where adherent.

M. Bayle thinks there is fair reason to believe that, in this case, the gastric affection preceded the mental alienation, and had contributed considerably to it. This female was predisposed to insanity on both father and mother's side; and, therefore, the brain sympathised more readily, and to a greater extent, in this case, with the gastric disease. The author also thinks that the disease of the stomach was exasperated by the mental malady, and by the domestic chagrin to which the unfortunate patient had been exposed. In this we cannot but agree with M. Bayle.

The author throws out a curious hint, or rather opinion, in this place, which seems not entirely devoid of probability—namely, that the *form* of the mental hallucination was determined by the physical malady in the stomach:—That is, that the conviction of being poisoned was occasioned by the inflammation and ulceration going on in the stomach. It is no wonder that, under this impression, and suffering so much from an ulcerated stomach, she should hate, and endeavour to avoid society—refuse food—and attempt suicide! Many a poor wretch has raised his hand against his own life from a disordered stomach, without knowing where the source of his misery lay concealed!

The case above detailed offers another of those thousand ways in which Nature endeavours to combat disease, or at least to resist the consequences of it. The adhesion of the stomach to the pancreas no doubt preserved life, wretched as that life was, for some time; for, had the adhesion not taken place, an extravasation into the abdomen of the gastric contents, would have happened long before.

*Case* 2. Madam G——, an English lady, aged 59 years, of nervous temperament, and sombre disposition, entered the Charenton on the 30th January, 1819, and no precise account of her history could be obtained. It was discovered, however, that she had suffered, for some considerable time, from pain and sense of weight in the epigastrium, and that she had been in possession of her reason till the month of December, 1818, at which time she lost the greater part of her property, and her affairs became sadly deranged. It was then her intellectual faculties

gave way, under the moral affliction. She now became possessed with the idea, that her attorney was about to arrest her and all her family, and immure them in prison. She saw and she heard a thousand things to confirm her suspicions, and her whole time was occupied in devising stratagems to elude her pursuers. This hallucination had occasional remissions, during which she partially recognized the baseless fabric of her apprehensions. At other times she had exasperations of the terror above-mentioned, accompanied by violent pain in her stomach, at which periods she refused food, and the bowels were obstinately constipated.

When she came into the CHARENTON, she presented a triste picture of melancholy—paid little attention to what was going on around her—and was evidently occupied entirely with the subject of her hallucination. "She was a lost woman—it was all over with her—she could not long survive, as her own feelings plainly told her—her head and stomach were the seats of dreadful pain—people were endeavouring to poison her." These ideas were so dominant, that she could speak of nothing else. She was in constant agitation—always wanting to get away—refused all aliment—bowels obstinately confined. These symptoms augmented in degree, but never changed their character. At the end of four months, this unhappy patient was in a melancholy situation. Her emaciation was great—she was harrassed with violent cephalalgia, and acute pains in the stomach, sometimes accompanied by a burning heat of skin, and darting pains in various parts of the body. The greatest difficulty was experienced in exhibiting any food, as she was strongly impressed with the persuasion that it was always poisoned. She lingered out till the 28th March, 1820, when long sought death came to her relief.

*Dissection.* There was an effusion of a sero-sanguinolent kind between the membranes of the brain, and in the ventricles. The cerebral substance was softened, but the meninges were not thickened. There was considerable hepatization of the lungs, and three ounces of serum in the pericardium—heart sound. The stomach was remarkably contracted, and took a peculiary lengthened form, from above downwards. The mucous membrane was covered with a thick layer of yellowish mucous matters, and underneath was very red throughout. The liver was gorged with blood, and its right lobe descended to within two inches of the os ilii. The small intestines were very much contracted, and their mucous membrane slightly reddened. The colon was also greatly contracted, and singularly contorted in various directions. All the other abdominal viscera were healthy.

Although the gastric lesions above described cannot fairly be set down as causes of the mental alienation, yet there can be little doubt that the disorder of the stomach greatly assisted the moral causes of the cerebral disturbance. In short, we may conclude that in this, as in a thousand other cases of less serious character, the two organs acted and re-acted on each other—that the physical disorder aided the moral causes in deranging the mind, while the moral causes contributed not a little to the disorder of the stomach.

*Case* 3. M. A. aged 51 years, of nervous temperament, and eccentric character, was the son of a man whose intellects were rather suspected, and had a brother in a state of monomania. For a long time, M. A. complained of pain in his stomach, general discomfort, deranged state of his digestion, &c. which led him to consult a great number of physicians, and swallow an immense quantity of physic. He took a great deal of purgative medicine in particular, and thought he could not live without daily purgation. He became irritable, and quarrelled with most of his friends, though naturally of a good disposition. In 1814, he got into some trouble, in a public office to which he belonged, and was ultimately tried, for continuing an abuse introduced by his predecessors. He was however pardoned by the King in 1815, and in 1818 he got another situation under government. But he now became a violent Bonapartist, and denounced vengeance against the Bourbon race. It was plain that the man was deranged, and, in 1820, he was confined in an asylum. He conceived that all the men of letters in Europe had conspired against him, and that it was impossible he could escape their machinations. He refused food and drink, and emaciated progressively. On the 10th May, 1821, he entered the Charenton, in the condition above-mentioned. During the first three months of his sojourn in this establishment, he presented the following phenomena:—Face pallid and sallow—answers pretty correctly to questions put to him, but shews imbecility of intellect—appears calm and tranquil. He conceived a violent friendship for an ideot in the same establishment, and was always at his side, attending to him and imitating his actions. When remonstrated with, he asserted that his friend the ideot was a personage of high rank, and that he himself was commissioned to wait upon him. He was put into another quarter of the asylum, in order to break this attachment. He then devoted himself to constant employment. He was never a moment idle. He complained of pains in his stomach, would eat very little, and began to suspect poison in his food. Emaciation now made great progress, yet still he got out of bed every day, and wandered about the house. On the 2d November, 1821, he suddenly fainted away, and never recovered.

*Dissection.* The arachnoid was slightly thickened, and the pia mater injected. The cerebral substance was softer than natural—no disease in the chest. The stomach was very much contracted, and the internal lining highly inflamed and thickened in its structure, especially towards the pyloric orifice. The mucous membrane of the duodenum was still more intensely reddened. The lining of the upper portion of small intestines was red, which redness gradually decreased as they descended towards the caput coli. The colon was free from disease. The mesenteric glands were enlarged—all the other viscera were healthy.

The same remarks apply to this, as to the former case. The state of the stomach can hardly be considered as a mere coincidence in this case. It was probably an active agent in the production of the mental malady.

*Case* 4. Mad. B. aged 47 years, of nervous temperament, and delicate

constitution, had a brother who died in a state of mental alienation. The storms of the revolution had made a deep impression on the young mind of the patient, and she received another shock in 1814, during the occupation of France by the Allies. This shock was not lessened by the fear that her husband would lose his place under government, on account of the part he took after Bonaparte's return from Russia. Towards the end of 1814, she fell into a state of deep melancholy, and now she became haunted with the suspicion of being *poisoned*—of being led to the guillotine, &c. She sought solitude, maintained obstinate silence, refused her food, and attempted suicide. In this condition, with alternate exasperations and mitigations of her complaint, she continued till the year 1821, when she entered the Charenton, on the 6th April. The predominant idea was still that of being poisoned—that there were enemies in pursuit of her, and that her husband and daughter had deserted her. She had such an insurmountable aversion to animal food, that she could not be persuaded to taste it. She lived on a few ounces of bread daily. When food was forced upon her, she said it made her ill, and she frequently vomited it up again. About the middle of May, 1822, she became remarkably debilitated, and began to spit up purulent matter, attended with diarrhœa. She lingered out a wretched existence till the 6th September, when she expired.

*Dissection.* The arachnoid was natural. The pia mater was injected, as was the substance of the brain. The lungs were hepatized in some places, excavated in others, and tuberculated generally. The mucous membrane of the stomach was chronically inflamed throughout, but more intensely so about the pylorus. The same might be said of the small intestines, with the addition of many ulcerations, some of which nearly penetrated through the whole of the coats. The mucous membrane of the colon was reddened, and double its natural thickness. The mesenteric glands were considerably enlarged.

These, and other cases which are to follow, entitle us to conclude, M. Bayle thinks, that the chronic inflammation which takes place during mental alienation tends to keep up the intellectual disorder—to modify its form—and especially to determine that peculiar dread of being poisoned—that aversion to food—and that tendency to suicide, so conspicuous in the above cases.

We shall take up M. Bayle's other memoirs on this interesting subject as they appear in our Parisian contemporary.

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### 2. DISEASES OF THE BREASTS.

[St. George's Hospital.]

Nothing can be more important to the practitioner than to be able to distinguish true malignant diseases of the breast, from those morbid growths which appear indeed formidable, but which may be removed with comparative safety and success. An instance of this occurred not long ago at St. George's Hospital.

Ann Dale, æt. 75, was admitted April 18th, 1827, under the care of Mr. Brodie, with disease of the left breast, of which she gave the following account. Six years ago she noticed two small tumours in the axilla; in a few weeks there followed a swelling in the breast, which was attended with very slight pain, but at times a little thin, bloody discharge oozed from the nipple. The swelling proceeded slowly and with little inconvenience, save that occasionally it became red and painful, with slight hæmorrhage from the nipple. She applied to several surgeons, and all concurred in advising an operation. On admission the left breast was as large as a full-grown melon, the enlargement being evidently in the gland itself, and moveable upon the pectoral muscle and ribs, whilst a hard knotty process extended into the axilla, to all appearance an induration of one or more of the lymphatic glands. The tumour was irregular on its surface, having in parts a scirrhous hardness, in parts a doughy, miry feel, not exactly that of fluid; it was extremely heavy—not very painful on pressure—the cutaneous veins were full and tortuous, and in the situation of the nipple a livid looking fungus projected, discharging a little unhealthy pus.

She was affected besides with symptoms of inflammatory action within the chest, but otherwise had always enjoyed robust health, and her appearance was not altogether unfavourable. She had been married, and borne children—the catamenia had ceased long before the commencement of her complaint. By means of bleedings, and salines with antimony, &c. the chest affection was got under, and towards the middle of July she appeared neither unfit nor unwilling for the operation. The breast was accordingly, on the 19th July, removed with great ease. The bleeding was trifling, but wine was given to the patient to encourage it *at the time*, and all the vessels of the least size secured by ligature. The flaps of integument were brought together by sutures and adhesive straps, and pounded ice applied. On examination of the tumour, which weighed three or four pounds, it was found to be, as had been predicted by Mr. Brodie, neither true scirrhus nor fungus hæmatodes, but composed of a yellowish, transparent, jelly-like substance, contained in small cysts or compartments, formed by membranous bands or septa intersecting each other in all directions. In the centre of the tumour was a small cyst containing serum. For the next two days she went on very well, but on the 22*d* there was anxiety of aspect—pulse quick and evidently intermitting—surface hot—tongue inclined to brown. She had had since the operation only one scanty motion. 23*d*. With the aid of the senna draught, in a mixture of haust. salinus, antimonial wine, and tincture of hyosciamus, the bowels have been freely opened this morning. Pulse 126; intermits at every 10th beat—some anxiety and heat of skin. The dressings were removed for the first time, and the greater part of the wound was found to have united; just, however, under the head of the clavicle was a small, and rather painful tumour, apparently formed by coagulated blood. 25*th*. Pulse distinctly intermitting—anxiety—restlessness—some thirst—much pain in the upper part of the breast—tongue brownish. The wound was

dressed, and looked not amiss, but the swelling above-mentioned, being very painful, was lanced, and dark, semi-putrid blood, with some highly offensive matter evacuated. 26*th*. Relieved. 27*th*. Not so well to-day, there being another swelling below the line of the wound: it was punctured, and pus, mixed with a little blood, evacuated. From this time, all the bad symptoms rapidly disappeared; whilst, in consequence of opening the two or three small abscesses which had formed, the matter was prevented burrowing, and the adhesions which had taken place were preserved. At present, Aug. 20th, the wound is nearly healed—the cough is trifling—little or no expectoration in the mornings, in short, the good woman looks, and declares she really feels, "many years younger" than before the operation.

*Remarks.* This case shews at what an advanced age these large tumours may be removed from a tolerably healthy patient, with success. The tumour was evidently not true carcinoma; for it was of considerable magnitude, was attended with trifling pain, and had not the stony hardness of cancer, besides which it had lasted for upwards of six years, without having gone on to mischief, which, speaking generally, is not the case with carcinoma. In an excellent clinical lecture* delivered upon the occasion by Mr. Brodie, that distinguished surgeon observed that he had removed several such breasts, and the patients had survived for many years afterwards, without any return of the disease.

In No. 205 of the Lancet, there is, we perceive, a case of fungoid disease of the breast related.

——, æt. 32, of spare habit, light complexion, and unhealthy appearance, was admitted into Guy's Hospital, under Mr. Morgan, with the right mamma enlarged to three times its natural size. The long axis of the tumour was from side to side, it was purplish, especially on the inner side; skin bright—cutaneous veins loaded—large subcutaneous veins ramifying over the tumour. The tumour was tense, harder in some places than others—very heavy, and moveable upon the parts beneath. Axillary glands unaffected. The woman had felt a small lump in the breast for ten years or more, but the enlargement has assumed its present size and appearances within the last fourteen weeks. She had borne several children, and suckled them from this breast. Amputation was performed by Mr. Morgan, on the 28th July. The skin was so far affected, that it could not be saved; the wound was, therefore, dressed in with lint, and left to fill up by granulations. The tumour was inclosed in a dense capsule; it was firm at its base, but, at its circumference, there were small cysts, containing serum.

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* Mr. Brodie alone, of the Physicians and Surgeons to St. George's Hospital, is in the habit of delivering clinical lectures. Is this as it should be? Are bad examples only *contagious?*

*P. S.* We have just learnt, with great pleasure, that Mr. Rose has caught the infection of giving clinical lectures. We are sure that few can be found better qualified.

We know not whether this may be fairly stiled a case of fungus hæmatodes of the breast, for, in fact, nothing is so difficult as to assign a name and classification to each tumour we come across. Whether it was or was not fungus hæmatodes, Mr. Morgan acted very rightly in removing it, for it bade fair to go on to the destruction of the patient, if let alone. Was the disease originally malignant, or was the "small lump" observed in the breast for ten years previously, a mere chronic enlargement, which, under particular or accidental circumstances, was converted and *ripened*, in so short a time as fourteen weeks, into a large and formidable tumour? The question is more easily asked than answered.

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### 3. CASES OF INTERNAL STRANGULATION.

[La Charité. M. Louis.]

These cases are uncommon; but they are probably not so much so as is imagined. Modern pathological investigations are daily placing such instances on record.

*Case* 1. A female, aged 34 years, of moderate embonpoint, was admitted into La Charité, on the 15th December, 1824. Her menstrual discharge had been suppressed from the age of 18, and she suffered pains in her loins, and other inconvenience, at stated periods ever since. She had been six days ill before she came to the hospital. The complaint commenced with thirst, loss of appetite, nausea after taking food, shiverings, perspirations at night. Still she had regular, though scanty evacuations from the bowels. On the fifth morning, she had numerous bilious vomitings, with pains in the hypogastrium, which pains became more and more considerable, accompanied by a burning heat there, augmented by pressure. *Sixth day.* The vomiting still continued, and there was obstinate constipation, with an indescribable pain about the anus.

At this period, she was bled from the arm, by a private practitioner, without any relief. On coming into hospital, she presented the following symptoms:—Countenance yellow, and exhibiting signs of prostration—malaise—anxiety—constant restlessness—white but moist tongue—ardent thirst—epigastrium soft, and void of pain—nausea—abdomen rather distended and painful below the umbilicus—constipation—retention of urine—pulse small, quick, and feeble—temperature of skin little elevated. The bladder was emptied by the catheter, and 30 leeches were applied round the umbilicus, to which succeeded fomentations and lavements, but the *latter* could not be thrown up. 16*th.* No relief; indeed, the symptoms were rather aggravated, and the abdomen more enlarged. Another relay of leeches—warm bath—castor oil by the mouth. Lavements could not be made to pass up. 17*th.* The skin was generally yellow, and the features shrunk, while the abdomen was still more distended, and the constipation as obstinate as ever. M. Chomel examined the rectum with his finger, and found it spasmodically contracted. 18*th.* She died.

*Dissection.* We pass over the appearances in the head and chest, as

presenting nothing particular. On laying open the abdomen, the small intestines rushed out, and were greatly distended. In several places, they were glued together by coagulable lymph of recent secretion. The strangulation was found in the ileum, 22 inches from the cæcum, and the portion of strangulated gut was two feet in length. The strangulation was effected by means of a ligamentous cord, 21 lines long, and one line broad, which bound the ileum to the sigmoid flexure of the colon. This cord, which was probably slack in a natural state, had formed a kind of noose, through which the knuckle of intestine had unfortunately passed, and thus became strangulated. The more the ileum was distended, the tighter the stricture became. It is difficult to conceive how a band or cord, only 21 lines in length, could thus form a noose, through which so large a portion of bowel had descended; but such was the fact, and, therefore, all the symptoms antecedent to death were easily explained.

*Case* 2. A female, aged 31 years, was admitted into La Charité, on the 30th April, 1827, having been ailing for three months previously. The complaint had commenced with pain of a wandering kind in the abdomen, nausea, bilious vomitings, thirst, and occasional chills, followed by increased heat. These symptoms continued, with more or less intensity, for ten weeks, during which she could not procure alvine evacuations without the aid of lavements. Her appetite had entirely failed, and she lived solely on small quantities of milk. More than a hundred leeches had been applied to the abdomen, without any benefit. For a fortnight before entering the hospital, the constipation had been obstinate, the lavements returning unchanged, and the vomitings were frequent. *May* 1*st*. Great anxiety—expression of suffering in the countenance—constant change of position—plaintive moanings—the intellectual faculties unaffected. Her tongue was red and dry—thirst urgent—occasional nausea—abdomen voluminous, and, while in pain, the convolutions of the intestines could be plainly distinguished. Leeches were applied to the abdomen. 2*d*. The pains were rather mitigated; but no other alteration in the symptoms was perceptible. Purgative lavements were thrown up, and eight grains of calomel were given by the mouth. The patient was in great pain during the remainder of the day, and had two very small motions. She died the next day.

*Dissection*. There was no extravasation in the abdomen, which was principally occupied with the distended convolutions of the small intestines not adherent to each other. A portion of ileum, not far from its termination in the cæcum, was found intimately adherent to the side of the uterus in the pelvis, and there a kind of zig-zag twist or knot had formed, which completely strangled the intestine. The small intestines were, of course, greatly distended with matters above the obstruction, and their mucous membrane was ulcerated in several points. It was observed that the coats of the distended ileum, above the obstruction, were prodigiously thickened, especially the muscular coat—doubtless from the constant efforts which the tube was making to force the ob-

struction below. This teaches us how the parietes of the heart may acquire a state of hypertrophy, where an obstacle is presented to the flow of blood through the vessel.—*Archives Générales.*

These two cases are the only ones of the kind which M. Louis has observed, during a period of six years, in La Charité, where he examined, in that period, 530 dead bodies. In eight years, we have met with two cases of this kind, in private practice—one of which was that of the late Mr. Belzoni's servant, of which case we stated the particulars in a former Number of this Journal.

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### 4. EMPYEMA AND PNEUMO-THORAX. BY DR. DUNCAN.

[Royal Infirmary of Edinburgh.]

In the October Number of our northern cotemporary, Dr. Duncan has stated some cases of the above diseases, partly from an interest which he felt "in tracing the progress of his own knowledge," and partly with the hope that they may prove instructive to others. Empyema and pneumo-thorax, Dr. D. observes, "are recognized, during the life-time of the patients, by the common symptoms—or, by the more recent methods of investigating pulmonary diseases, by percussion and the stethoscope. *It is after their presence has been suggested by the* FORMER, *that we have recourse to the* LATTER, *for the purpose of acquiring* CERTAINTY. *These never leave the diagnosis doubtful when they are employed.*" Dr. D. asserts that he was among the first—if not the very first, who made use of the stethoscope and percussion in this country—that he persevered, "notwithstanding the ridicule and sneers of the ignorant and prejudiced." "I have now," says he, "the satisfaction to see that they (auscultation and percussion) are duly appreciated by the *whole profession*—even by those who at first opposed them." Softly, friend Duncan! These means are very far from being duly appreciated by the *whole profession*, or by *one half* of the profession; but they are becoming more and more so every day. What will Dr. Duncan say, when we inform him that, on the day we received his Journal, (2d of October) a professor of physic, and a public lecturer in this metropolis—one, too, who is not more than 40 years of age, and, consequently, not past the period of improvement—publicly denounced the stethoscope as a French bauble, or piece of quackery, which he would never countenance! There are many of the most eminent physicians and surgeons in this metropolis who entertain the same sentiments as the professor above-mentioned; but they are beginning to be less clamorous against the study of auscultation, because they have just discrimination enough to see which way the cat jumps. Nay, there are many who *pretend* to a knowledge of an instrument which they deeply hate and secretly curse, because the study of it interrupts the placid course of their routine practice. We saw one of these worthies the other day put on a look of great wisdom—apply the wrong end of the stethoscope to his ear—hold the other end about two inches from the patient's chest—and sagely remark, that he heard, very distinctly, the respiratory murmur! This respiratory murmur was

no other than the murmur of a hackney-coach, passing over a piece of newly macadamized street, opposite to the patient's house! Were it not that the subject is very serious, we could relate some anecdotes of great physicians, which would be very likely to create a smile in the most saturnine countenance. We shall venture to state one instance which occurred to us this very day—2d of October, in the year 1827.

Mr. Charters, an eminent coach-builder in this metropolis, who has consulted almost every physician and surgeon, of any reputation, both in this country and the Continent, presented himself to us—observing, with a significant and intelligent smile, that he came more from curiosity, than with any hope of advantage. We were determined to return the compliment, though we took care that he should not see the drift of our particular enquiries. By a little management, we induced the patient to return home, and collect the prescriptions and written opinions which he had received from the lions of physic and surgery. These he submitted to us—not without an air which sufficiently indicated the *degree of respect* in which he held medical opinions generally. God forbid that we should be so base as to turn any of the documents which were placed in our hands to the detriment of any individual. But we will say, that a statement of this gentleman's case, and a detail of the opinions and prescriptions which he had received, would form an appendix to "Wadd's Mems. Maxims, and Memoirs," which might rival the whole collection which that indefatigable surgeon has compiled! The venerable Portal, now on the verge of 80, is in no danger of suffering from, or even knowing, any criticism which we make on his opinion. This opinion occupies nearly two foolscap pages, and sets out with stating, that Mr. C.'s liver is so enlarged as to reach nearly to the pubes, on the right side. It then descants on the physiological effects of this enormous liver on the organs and functions of the thorax and abdomen, concluding with very minute directions as to diet and medicines, with the view of counteracting these derangements of function in the contiguous viscera. After a most accurate examination of the patient, in the horizontal and vertical positions, we declare that no part or portion of the liver descends below the ribs, or can at all be felt, even when Mr. C. holds in his breath and strains downwards! The patient is so thin, that the aorta can be distinctly traced, from the origin of the cœliac artery to its bifurcation—and in such a person, it is needless to say that an enlarged liver could not possibly be overlooked. Now it appears quite evident, that M. Portal fell into some long reverie or dream of early life, and unconsciously portrayed, on his large foolscap pages, the case of some patient who had passed under his hands half a century previously! If any thing could induce men, when entering their dotage, to reflect on the lot of humanity, and retire before their loss of intellect becomes conspicuous to the world, the above instance might prove a useful hint. We shall draw a veil over the incongruous opinions and wild plans of treatment which are scattered on the record preserved by Mr. C. To our apprehension, the opinion of Magendie came the nearest to truth:—namely, that there was dilatation of the right chambers

of the heart, and some degree of hepatization of the lungs. As there is scarcely a medical man of fame in this metropolis who must not recollect the case of Mr. C. the above anecdotes may be interesting to them.

We shall now notice one or two of the many cases which Dr. Duncan has put on record in the last Ed. Journal.

*Case* 1. Mark Young, aged 33, had been under Dr. Home, in the clinical ward, when Dr. D. took charge of it, on the 1st Feb. 1815. Dr. H. treated the patient for hydrothorax. For some time, he had laboured under such painful micturition as to mask the thoracic affection. His whole complaint was of the pain in the urethra, before and after making water, to which the calls were very frequent. He had also difficulty of breathing in going up an ascent—fluttering at the region of the heart—pain on pressure at the epigastrium, and also in the hypogastrium. The difficulty of breathing came on five years previously, after an inflammatory attack. Dr. Duncan's whole attention was directed to the disease of the urinary organs, but entirely failed in affording the patient any relief. It is stated, however, that he had cough and difficult expectoration, with a pulse at 146, small and sharp. In this condition the poor fellow expired, being completely worn out. The dissection was performed by the late Dr. Gordon.

*Autopsia.* The pleura costalis of the *right side* was observed to be much thickened, and, in that side, there were 130 ounces of opake fluid, resembling the serum of the blood, but which, on being agitated, looked like cream. There were flakes of coagulable lymph in various parts of this side. The lung was compressed to about one eighth of its natural size, but seemed otherwise healthy. There was a small abscess in its upper part, and numerous small abscesses were dispersed through the substance of the other lung. There were three ounces of clear fluid in the pericardium, but the heart itself was healthy. The left kidney and ureter were free from disease; but the projecting papillæ of the right kidney were in an ulcerated state, and their membranous coverings, the infundibula, nearly destroyed. The pelvis of this kidney was enlarged, and filled with a granular matter, resembling particles of inspissated pus. The ureter was much dilated. The inner coat of the bladder was inflamed throughout, and, in many places, ulcerated. The prostate gland and urethra appeared free from disease.

Dr. Duncan has little doubt that this man's death is to be ascribed solely to the disease of the urinary organs—and "that his fever and emaciation proceeded entirely from irritation and want of sleep." We cannot agree with the learned Professor on this point. Such a collection of purulent matter in the right side of the chest, with a diminution of that lung to one eighth its natural size, while the other lung was universally studded with small abscesses, and the bronchia filled with pus, were circumstances quite sufficient to destroy life—and cannot be left out of the cause of death, notwithstanding the inflammation and ulceration of the bladder.

We were a little surprised to find that Dr. Duncan, who takes the

credit of first practising *percussion* in this country, should have entirely overlooked this diagnostic measure in the above case, so late as 1815—long after we ourselves had drawn the attention of the profession to "*thoracic percussion and abdominal pressure*," in formal papers on the subject.* A very superficial examination of the chest would have detected the state of things in the above case.

*Case* 2. Rebecca Neilson, aged 25 years, complained (12th Nov. 1820) of oppression and difficulty of breathing—frequent cough—purulent expectoration—palpitation at the epigastrium and beneath the *right* mamma;—all which symptoms were increased by the slightest attempt at motion. She could only lie on the right side, and could not take in a full inspiration. The right side of the thorax was very sonorous, and the respiration was puerile there. The left side was dull, and there was an obscure sense of fluctuation. The entrance of the air into the air-cells was indistinctly heard in all parts of this side. The action of the heart was faintly heard in the præcordial region, and very evidently on the right side of the sternum. There was a small tumour, conveying an emphysematous feel, in the left side of the chest, where she had lately received a blow. Her complaint had been of some months' standing, and had followed sleeping in a damp bed. She died on the 24th of November, 12 days after she came under Dr. Duncan's care.

*Dissection.* There were four pints of purulent matter in the left side of the chest, by which the heart was pushed over to the right of the sternum. The pleura was somewhat diseased, and covered with false membranes. The left lung was not larger than a common-sized spleen, and there was no communication between the interior of this lung, and the general cavity of the pleura at first discovered; but, after a more careful examination, an opening, the size of a goosequill, was found, terminating in a pretty large bronchial tube. The lung was partly sound, and partly hepatized. There were a few ounces of serum in the pericardium.

Dr. Duncan has no doubt that there was originally a mixture of air with the fluid, but that it was absorbed. This is very probable.

*Case* 3. This was one of simple pneumo-thorax. The patient was a young man, who became phthisical after hæmoptysis. At first he could only lie on the right side, and was threatened with suffocation if he turned on the left. "Suddenly, after his expectoration had been unusually copious, he could only lie on the left side, and, instead of having the placid tranquillity of a phthisical patient, he became affected with excruciating pains, which he described as if his inside were tearing out, and referred particularly to the lumbar region." Death soon put a period to his sufferings. On percussion of the corpse, the right side was

* See Medico-Chirurgical Journal: see, also, a translation of Desault's Memoir on this subject, in the 10th volume of the New Medical and Physical Journal, for 1815.—*Ed.*

much more sonorous than the left, which led our author to conclude that the right lung was more healthy than the other. On opening the body, however, the right side of the chest was found filled with air, and the lung compressed into a small space against the mediastinum. There was no communication between the air-tubes and the cavity of the chest. Dr. Duncan thinks that this was originally a case of empyema—and that, so long as the patient could lie only on his left side, the right was filled with purulent matter, which, in progress of time, had found its way into the bronchia,* and been discharged by the mouth, while air entering through the same passage into the cavity, changed the disease into pneumo-thorax.

*Case* 4. Margaret Mac Cromby, aged 32, was admitted the 13th July, 1827, having great dyspnœa, obliging her to lie with the head much raised—decubitus dorsalis—respiration much accelerated, 50 in the minute—left ribs little elevated during inspiration—cough—scanty and difficult expectoration—pain in the left side of the chest—palpitation—profuse nocturnal perspirations—severe diarrhœa—pulse 136—great thirst. The sound, on percussion, is very obscure over the whole left side of the chest, except beneath the clavicle, where it is preternaturally clear and sonorous. On the right side it is natural. No respiratory murmur can be heard in any part of the left side, except in a small space between the spine and scapula, where it is *bronchial.* The *tintement metallique* is distinctly audible on any sudden change of position. On the right side, the respiratory murmur is distinct in the superior lobe, and obscure in the lower portion. The heart is much displaced, its pulsations being most strong near the right mamma. On succussion of the trunk there is evident fluctuation.

After a difficult parturition, 15 months ago, she had considerable hæmoptysis, with much cough, which was relieved by venesection. During the Summer, she continued pretty free from pectoral complaints; but they returned in the Winter. Six weeks before the date of report, she was seized with rigors, acute pain in the left side of the chest, urgent dyspnœa, and increase of cough. These symptoms rapidly increased, with perspirations and progressive emaciation. She died on the 18th July.

*Dissection.* The left side was filled with air and purulent matter, the latter amounting to 8 pints. The heart was pushed to the right side, beyond the median line. Two fistulous communications between the bronchia and the cavity of the pleura were detected by insufflation through the trachea. The lung on that side was greatly compressed and condensed, sinking in water. There was considerable serous congestion of the right lung, which was soft and pulpy.

For several other interesting cases of empyema and pneumo-thorax,

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* We are glad to see that we are supported by the learned professor in using bronchia in the plural number. We think bronchium and bronchia better than bronchus and bronchi.

we must refer to the Journal already quoted. It gives us much pleasure to see that the study of auscultation and percussion are steadily—indeed rapidly advancing; and we think we are justified in asserting, that this Journal has been very conducive to this important improvement in medical science. We were the first to give an extended analysis of Laennec's work,* and we have never ceased, during the last eight years, to enforce the value and the utility of the study of auscultation.

### 5. DISSECTION OF AN EPILEPTIC.

[Bicêtre.]

The following case is published by M. Bosc, of the Bicêtre. A young man, named Lecoq, aged 17 years, an epileptic, was received in the above Institution in the month of December, 1826, and placed in a surgical ward, on account of a caries of the phalanges of one of his fingers. He was of feeble constitution, his limbs but little developed, and his flesh flabby and emaciated. His intellectual powers were almost annihilated, if they did ever exist. He made use of no words, except the monosyllables *Yes* and *No*. The epileptic fits were not frequent. He always slept on his right side in bed, with his head under the coverlet. He complained of no pain, but had a diarrhœa upon him during the three months before he died in the hospital. This complaint resisted all medicines, and was supposed to depend on ulceration of the intestines. The abdomen was extremely retracted. He wasted away gradually, and, at length, died.

*Dissection.* The cranium presented a sugar-loaf form. The meninges were sound. There were several depressions on the surface of the hemispheres corresponding to protuberances of the skull; and, in these depressions, as well as in several other parts of the brain, the cortical substance was soft, and almost diffluent. The anterior lobes of the brain were extremely little developed—the circumvolutions small and numerous—the anfractuosities shallow. It was found that the general surface of the brain was softened, as far as the cortical substance was concerned; but, below this, the medullary matter was so indurated as to resemble the white of a hard-boiled egg. This extreme degree of induration was particularly observed over the lateral ventricles. The bottom of the same cavities presented considerable softening of the medullary substance. There was some serum in the ventricles. The cerebellum appeared sound, but was remarkably small. The spinal marrow was not examined. The contents of the thorax were natural. In the abdomen, the peritoneum was found to be the seat of extensive chronic inflammation, the convolutions of intestines being glued together by false membranes. There was a plentiful crop of miliary tubercles developed under the peritoneal covering. The mesenteric glands were in a state of disease. The intestines themselves appeared sound:—their mucous

* See Medico-Chirurgical Journal, for January, 1820.

membrane was pale, and somewhat softened; and the mucous follicles were considerably developed in the colon and rectum, but unattended with any ulceration. There was no other change of structure discernible in any of the abdominal viscera, except some equivocal traces of disease in the liver.

The state of the brain sufficiently accounts for the condition of the intellectual faculties, and, on this, doubtless, were dependent the epileptic paroxysms. The state of the peritoneum proves, that chronic peritonitis may go on a long time without shewing any very prominent symptom of its existence. The diarrhœa, which continued so long, and which, indeed, appears to have carried the patient off at last, was evidently not the result of inflammation of the mucous membrane of the intestines, to which it is usually referred. It is more probable that, in this case, as well as in many others, it was connected with derangement of the biliary secretion.—*Bibliotheque Med.*

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### 6. EMPYEMA. BY M. GASC.

[Hôpital de la Garde Royale.]

A soldier, 29 years of age, of robust constitution, was exposed, in the beginning of January, 1827, to severe cold in the night, as well as fatigue, and had the imprudence to quench his thirst with half-melted snow at the time. Next day, he was seized with pain in the left side of the chest, low down, accompanied by sense of oppression, cough, and some expectoration of a bloody quality. He did not apply for medical assistance, and remained several days without any. He remained more or less ill till the end of February, sometimes keeping his bed—sometimes doing duty. On the 1st of March, the symptoms of pleuro-pneumonia became so intense, that he was conveyed to the Hospital of the Guard, on the 4th of the same month. When examined, on the 5th, he was found to have acute pain in the left side of the thorax, below the nipple—laborious respiration—cough and sanguinolent expectoration—inability to lie on the right side. Percussion elicited a dull sound in the lower part of the left side—no respiratory murmur could be heard there by the stethoscope—and the "râle crepitant" was heard about the nipple. The upper part of the lung, on that side, was ascertained to be sound. The pulse was hard, quick, and full—heat and pain at the epigastrium augmented by pressure—tension of abdomen—constipation—thirst, anorexia, white tongue—dry skin—interrupted sleep—cough, and embarrassment in the breathing. The diet was reduced low—and sixteen ounces of blood were taken from the arm, which was repeated on the 6th. On the 7th, 30 leeches were applied to the chest. On the 8th, the symptoms were all greatly ameliorated—and this amelioration continued during the 9th; but, on the 10th, they all returned as bad as before; the oppression being great, and the sanguinolent expectoration copious. He was bled again to 16 ounces, and leeches were applied to the lower part of the sternum. The patient went on, sometimes better, sometimes worse, till the 14th, when the

symptoms of thoracic effusion were very evident. The action of the heart was distinctly felt in the right side of the thorax—the left side was bulged out—fluctuation was evident, both to the patient and the medical attendants—pulse intermittent.

It was now clear that nothing but the operation could afford any mitigation of the patient's sufferings, and Baron Larrey was the operator. The Baron made an incision between the second and third false ribs, equi-distant from the sternum and spine, and, cutting close along the superior edge of the third rib, gave vent to about 15 pints of sero-sanguinolent fluid. Air then began to enter the thorax, and the wound was closed. During this operation, the viscera, both of the thorax and abdomen, which had been pushed from their natural situations by the large collection of fluid, were restored both to their site and function. The heart pulsated against the canula in the wound. The patient had some hours repose, but, towards the evening, fever became lighted up, and the oppression of breathing as bad as ever. The catheter was again introduced, and some more pints of fluid were drawn off. In the night, the patient suffered much, and fresh symptoms of effusion appeared. An elastic catheter drew off eight more pints of fluid. On the 3d day after the operation, the patient died.

*Dissection.* The pleura of the left side of the chest was completely disorganized, being of a deep brown colour, and, in some places, three or four lines in thickness. There were, also, layers of coagulable lymph, and many fragments of false membranes floating in the remaining fluid. The lower portion of lung, on this side, was disorganized, and completely imbibed with the same kind of fluid which was found in the sac of the pleura. There were about sixteen ounces of limpid fluid in the pericardium. The heart was small and flabby. There were some traces of inflammation in the abdomen; but no disease worth relating. —*Journ. Général de Medecine.*

*Remarks.* Although, on the principle of Euthanasia, it is just and proper, that issue should be given to collections of matter, or water, in the bags of the pleura; yet, we need seldom hope for permanent success, where the inflammation producing the effusion has continued long. There is generally so much disorganization in the lining membranes of the chest, and even in the lungs or heart, that little chance of recovery remains. It is somewhat more hopeful when abscess of the lung has burst into the chest, and an opening is soon given for the extravasation. In such cases, recovery is not exceedingly rare.

### 7. PULMONARY ABSCESS.

[Dr. Chambers—St. George's Hospital.]

One object of Dr. Chambers' paper is to show the very rare occurrence of suppuration of the lungs consequent on common inflammation. This last-mentioned process usually goes the length of causing an adhesive deposit in the pulmonary structure, not intense enough to induce

suppuration, but sufficient to produce induration, or, as it is more commonly called, HEPATIZATION. In 15 years' observation at St. George's Hospital, Dr. C. has only met with three fatal cases of pure phlegmonous abscess of the lungs, out of nearly 600 dissections of pulmonary disease. Three or four cases have been cured in that period. One favourable and one fatal case of this rare disease are then related. Of these we shall take some short notice.

*Case* 1. A labourer, aged 34 years, was admitted on the 5th January, 1825, much emaciated, complaining of difficulty of breathing—heavy pain in the left side—troublesome cough—copious expectoration of a brownish colour and very fetid smell, with some admixture of blood. He cannot lie on either side, on account of his cough. He has no regular hectic fever, but occasional shiverings, flushings, and perspiration. The pulse was 130, and small—skin cool—tongue of a livid colour, smooth, and clean—bowels open, &c. He stated that some months previously he had received a blow on his left side, ever since which he had had more or less pain in that part; but within the last month this pain had greatly increased, accompanied by the symptoms above detailed. He was put on milk diet, and to take saline draughts with acacia, digitalis, and vinum ipecacuanhæ. Extract of colocynth and lettuce were given at night. Under this treatment the patient daily improved till the 21st January, when the mistura ferri comp. was given, with a pint of porter daily. By the 14th March he had gained flesh—the cough was diminished—and all the functions nearly natural. He was now made an out-patient, and ultimately recovered.

Although there is very little proof in this case of pulmonary abscess, since all the above-mentioned phenomena often result from bronchitis; yet we have no inclination to question the accuracy of Dr. Chambers' diagnosis. Dr. C. speaks most respectfully of Laennec in the beginning of the paper; and yet not the slightest attention is paid to auscultation or percussion in the examination of the patient! The fetid nature of the expectoration seems to form the sole basis of the doctor's discrimination. Well! Be it so. Dr. Chambers is not the only one who scorns any thoracic examination of the mechanical kind. While this paper was before us, a man presented himself with a sheaf of prescriptions from one of the very first physicians (in point of extent of practice) in this metropolis. They were almost all composed of guaiacum and the old farrago of medicines prescribed for *rheumatism*, which was pronounced to be the disease under which the poor man (a gardener at Pentonville) had laboured for two years—always getting worse. On stripping the thorax, the upper portion of the right side, under the clavicle, was bulged out, and the most common examination shewed an aneurismal state of the ascending aorta and innominata. The pulse at the right wrist was annihilated by the pressure of the aneurism on the subclavian. There was pain all along that arm, and across the chest, with inability to lie down in bed. And this was the *rheumatism* for which he was, for more than a year, treated by a physician who

has received, at least, five hundred thousand pounds from the public—and whose fiat is fate! Now this same physician is a very good physician—and had he been present when the man's thorax was bared, he would have detected the disease in one moment. But even this trouble will not be taken by any medical man, above the age of 45, in this metropolis—although the above age is that at which fools are said to be converted into physicians, without any study.

*Case 2:* J. Hayward, ætat. 45, admitted October 4th, 1826, much emaciated, complaining of difficult breathing, cough, expectoration of foul and highly offensive purulent matter, of a dark yellow colour, partly tinged with blood. Breath is very fetid—pain in both sides of the chest, aggravated by any attempt to breathe deeply. Lies on his back—pulse 110, small, and sharp—skin hot—tongue red at the sides and furred in the middle—bowels open—appetite indifferent. Says he was attacked eleven weeks ago, with symptoms of inflammation of the lungs, for which he was not bled. The symptoms subsided in a fortnight, and were followed by the above-mentioned expectoration, and the other symptoms already noticed. He was placed on fever diet—to lose eight ounces of blood—and to take saline medicines with antimony, &c. The blood was inflamed—pain relieved—pulse lowered to 80—and the cough rendered less troublesome. *Rep. medicament.* In this state he remained till the 8th of October, when a bowel-complaint came on, which was relieved by small doses of Dover's powder; but on the 14th his strength seemed, all at once, to fail him, and wine and brandy were allowed. He died the next day.

*Dissection.* The lower lobe of the left lung was found to be hepatized posteriorly—in the right side were a few ounces of opake serum. The apex of the left lung was enveloped in thickened pleura, and when this lung was cut into it disclosed two cavities, each the size of a small orange—one in the upper, one in the middle lobe. The first cavity was lined with a loose sloughy substance, and filled with dark yellow fetid matter. The second was empty, the pus having been expectorated through the bronchial tubes, which were seen communicating with it. This cavity also was lined with a very thin membrane of a dark colour. The lung in the neighbourhood of the abscess was rather condensed, but there was no appearance of tuberculation in either of the lungs.

These two cases are considered by this very intelligent physician, as fair specimens of the disease under discussion. In the absence of precise information of the early symptoms (which can seldom be obtained from the uneducated classes) Dr. C. thinks that the phenomena above described will "be generally decisive of its real character." The appearance and smell of the expectoration "are totally different from those which belong to the sputa of tuberculous consumption." "In apostema of the lungs, the expectoration is of a brownish or greenish-yellow colour, and has *an intense odour of putrefaction.*" "This colour was correctly compared, in my hearing, by a physician of considerable experience, particularly in diseases of the lungs, to that of *rotten eggs;*

an appearance in the expectoration, which, he said, he had long been accustomed to consider, when joined with fetor, as holding out a more favourable prospect of recovery to the patient, than that of ordinary purulent matter." This appearance is doubtless owing to the admixture of pus and blood with the particles of sloughy lung which form the parietes of the abscess. In those cases which terminate favourably, the dark colour of the expectoration disappears, and its fetor gradually decreases. The difference between this kind of sputa, and the white or yellow, and inodorous expectoration of tubercular phthisis, is obvious enough. The next distinctive mark, is the absence of hectic fever, after the abscess is fairly opened into the air-tubes. There is also a want of that clear complexion and bright colour so generally attendant on real phthisis. On the contrary, there is a dull muddy sallowness. At the same time, Dr. Chambers does not mean to say that these distinctions are clearly marked and infallible in all cases. There are exceptions here as well as in other diseases. Still the foregoing distinctions may serve to guide our prognosis.

In respect to the treatment, it will be seen, by the cases above detailed, that the separation of the sphacelated part of the lung, of which the parietes of the abscess are formed, is often accompanied, even in an advanced period of the complaint, with attacks of inflammatory action, requiring depletory measures. As soon, however, as this stage has passed over, the patient will often be found to thrive and fatten under the administration of chalybeates and other tonics, with nutritious diet—means which may be resorted to, even when the cough is troublesome, and the expectoration purulent and bloody.

Before closing his paper, Dr. Chambers very modestly ventures on a little bit of theory, to which, indeed, the best constructed minds are occasionally disposed. It is on the long disputed *mode of formation* in tubercles of the lungs. His impression is, that the original nuclei of these tubercles are formed in the mucous glands or follicles of the membrane lining the extreme air-cells and air-tubes—"these glands or follicles being choked up with their own coagulated secretions, and, often coalescing with each other, become, as I conceive, the source of irritation, and subsequent ulceration, of the surrounding tissue." This theory is probably as good as any other that has yet been formed, not even excepting the hydatid theory of Dr. Baron. But we should be glad to see how Dr. Chambers will apply this doctrine to tuberculation of the *serous* membranes, and of the medullary or cortical substance of the brain—states of disease almost as common as tubercles in the *mucous* follicles of the lungs. Dr. C. promises to return to this subject, and we throw out the above hint, merely to afford his ingenuity an additional field for the acquisition of laurels. "We conquer difficulties by daring to oppose them." There are few physicians possessed of more excellent judgment than Dr. Chambers; but medical theory is an enterprize of such a hazardous and arduous nature, that we tremble for our bravest and wisest friends, when we see them fairly embarked in it. To none do we wish more complete success than to Dr. Chambers.—*Med. and Phys Journal.*

### 8. HOSPITAL REPORT FROM THE VAL DE GRACE. BY M. BROUSSAIS.

[For November, December, January, February, and March, 1826-7.]

M. Broussais's doctrine has lately been assailed, through the medium of the practice which it inculcates. It has been said that the success of the Professor in the VAL DE GRACE has not been equal to that of other physicians entertaining different views from the founder of the new doctrine. It is hardly fair to judge of a doctrine or practice by comparative success in different hospitals—or even in the same hospital at different times, or under different physicians. A man may have a run of bad or good luck in the reception of patients, as well as in throwing dice or playing at cards—and this may give a very pleasing or gloomy cast to the numerical results at the end of the quarter or half-year. M. Broussais has caused his aide-major (M. Cassimir Broussais) to present a semestral report from the VAL DE GRACE, appealing, for the authenticity and truth of the report, to the records of the institution, and the evidence of those who walked the hospital at the time. Nothing can be more unexceptionable than this plan, with the reservations above alluded to—and we shall now proceed to give an analysis of this report.

It is asserted by the reporter, that when M. Broussais takes his turn of duty in the VAL DE GRACE, he desires that the worst cases may be sent to his wards. This is magnanimous—more so than wise, perhaps. In the five months above specified, there were entered 438 patients, of whom 20 died, or about one in twenty-two. This certainly is not a very great mortality, considering that an epidemic raged during part of the time, before which, the mortality was only one in thirty-five—and that 86 cases remained in hospital from the preceding semestre. M. Cassimir asserts, (and there can be no reason to disbelieve him) that many were sent to the VAL DE GRACE, in the above period, merely to die. This happens in all hospitals, and must ever prevent a fair estimate of medical treatment. We do not deem it necessary to give the whole table of maladies. Suffice it to say, that there were three aneurisms of the heart—76 cases of acute bronchitis—8 of colitis—7 of duodenitis—3 of encephalitis—60 of acute gastro-enteritis—15 of hypertrophy of the heart—35 of intermittent irritation (ague)—4 of laryngitis—79 of acute pleuritis—29 of other acute inflammations of the thorax.

1. *Pleuritis.* Of the 79 cases of acute pleuritis, only one proved fatal, and that from purulent effusion into the cavities of the pleura and pericardium. This inflammation had commenced five days before the patient's entrance into hospital. In all these cases of pleuritis, the disease was combated by the application of leeches to the pained part. In 29 cases venesection preceded leeching. In general, a single application of 15, 20, or 30 leeches was sufficient. In three cases only was it necessary to have recourse a third time to leeching. Emollient cataplasms always succeeded the leeches, and diluent mucilaginous drink was plentifully given. In six cases, it was necessary to blister after leeching, and,

in four of these, the measure was successful. It was remarkable that, in most of these cases, the pulse fell immediately the blisters had risen. In two cases, however, they were applied too soon, and the râle muqueux and fever obliged M. Broussais to have recourse to more leeches. In the great majority of cases, bronchitis preceded the pleurisy, which induced M. Broussais to suppose that the inflammation of the mucous membrane, having arrived at the ultimate ramifications of the bronchia, passed on to the serous membrane, and then produced the corresponding phenomena. When the bronchitis persisted, which was generally the case, leeches were applied under the clavicles, at the top of the sternum, and wherever the râle muqueux could be heard.

These thoracic inflammations were far from being uncomplicated. In 20 cases, at least, there was considerable gastric irritation, which yielded, however, to leeching the epigastrium. In two cases there was evident duodenitis—and, in three instances, the inflammation spread to the other intestines, producing diarrhœa—and to the brain, giving rise to delirium. These cases are detailed at length, but we pass them over.

There were very few instances of relapse in these pleuritic cases. The medium period of residence in hospital was 23 days. It is remarked, however, that M. Broussais never permits a soldier to leave the hospital till he is so completely recovered as to enter immediately on his military duties.

2. *Acute Bronchitis.* Of 76 cases of this disease, M. Broussais lost one. General and local bleeding, especially the latter, was principally trusted to—the leeches being applied to the places mentioned above. There were seldom more than 20 leeches applied at first—and afterwards a small number were applied wherever the râle could be distinctly heard. Blisters were employed in only seven cases. In about 20 cases of bronchitis the inflammation spread to the mucous membrane of the stomach, requiring leeches to the epigastrium. It was surprising to see how soon the detraction of blood from this quarter calmed the irritation of the whole system, and reduced the fever. In many of these cases the appetite came on quickly after the leeches, and it was difficult to restrain the patients from committing excesses. More relapses, however, were occasioned by exposure to atmospherical vicissitudes than by imprudence in diet. The mean term of residence in hospital for this inflammation was 14 days. One case proved fatal. The young man had had cough during the whole of the winter, and was affected with acute bronchitis fifteen days before he was sent to the hospital. He was then spitting up large quantities of purulent matter, and was unable to lie down in bed. He died on the fifth day after he was received into hospital. The trachea and bronchia were found filled with muco-purulent matters, and the lining membrane intensely reddened. The parenchyma of the lungs was, in some places, hepatized. The mucous membrane of the stomach, and also of the jejunum, was inflamed. The patient, therefore, evidently died of suffocation from the effusion into the air-passages.

3. *Pneumonia Acute.* Of sixteen cases of this disease, three died, and a fourth remained doubtful. They were all accompanied by great congestion of blood, not only in the chest, but in the abdomen and other parts, rendering the treatment very difficult. One, two, or three general bleedings were followed by leeches to the chest, or to whatever part appeared to be the seat of congestion. In six cases only were blisters applied. Diminution of the force and frequency of the pulse—of the râle crepitant—of the dull sound—of redness on the cheeks;—and, on the other hand, the facility of expectoration were the signs for discontinuing depletion, and trusting to the efforts of Nature. If, after these favourable phenomena appeared, there was heard any râle in any part of the chest, then a blister was applied. Mean stay in hospital for pneumonia was 22 days.

The first of the three fatal cases died on the fifth day after he was received into hospital, having been ill for twelve days previously. The depletive system was pursued as far as was consistent with prudence, but it was too late. On dissection, considerable portions of lung were found hepatized, and much muco-purulent matter could be squeezed from the rest. The brain was sound; but the mucous membrane of the stomach was highly inflamed, and there were ulcerations in the ileum.

The second patient, whose case proved fatal, had been ill only four days, according to his own account. When received, the dyspnœa was great, and he was spitting up bloody expectoration, with hard full pulse, great heat of skin, and ardent thirst. One general and one local bleeding somewhat relieved these symptoms; but the inflammation spread to the digestive apparatus, and required many leechings. The patient appeared to be convalescing, when a relapse took place, and then all means failed. On dissection, the posterior half of the left lung was found hepatized, and a considerable portion of the other lung was in the same condition. The mucous membrane of the stomach was softened, and there were marks of inflammation in the mucous membrane of the small intestines.

Before taking up the subject of chronic inflammation of the lungs, M. Broussais thinks it necessary to say a few words respecting those acute thoracic inflammations which were on the point of changing into chronic, and which would have certainly induced phthisis, had it not been for the rigid antiphlogistic means that were used. Of 200 patients that entered the hospital during five months, and who were affected with pulmonary inflammation, only one has died of phthisis. In eleven cases, however, the inflammation proved obstinate, and phthisis was *menaced.* The following are the signs, M. B. observes, which indicate that chronic inflammation is taking place, to end in pulmonary phthisis. When patients, relieved from the acute symptoms, and especially from those of gastric irritation, begin to recover their appetite—become cheerful—and regain some degree of strength. They think themselves well, in fact, and regard the remaining cough as nothing. But the attentive physician will readily perceive that, notwithstanding these appearances

of amelioration, a focus of inflammation remains. There will be found some râle muqueux or râle sibilant, or both—the sound will be less clear, on percussion, over these points of the chest—the breathing will not be quite free—the chest will be raised, en masse, on inspiration; or one side will rise more than the other—the cough still continues, though much diminished—there is expectoration of a yellow mucus, or muco-purulent fluid—the pulse is more frequent than natural, and more full, especially towards evening—there is some pain or uneasiness complained of, under the sternum, at the epigastrium, or in the throat—the skin is dry and hot in the day, and often covered with perspiration in the night—the features of the countenance indicate some internal suffering, however the patient may endeavour to conceal it, which he almost always does. When patients are examined by the stethoscope they will breathe remarkably low, lest the wheeze (râle) should be heard. In short, they take every means of misrepresenting their actual condition, lest they should be deprived of food, and put upon rigid regimen. In these cases, the Professor was obliged to have repeated recourse to leeches under the clavicles, over the sternum, and other parts of the chest, wherever the wheeze could be most distinctly heard with the ear. To these means, were added blisters and severe regimen—chiefly milky and farinaceous food. If the appetite became very keen, although the pulmonary affection was not entirely dissipated, some bouillie was allowed, and, in this manner, they were kept under regimen for 10, 15, or 20 days. Nine out of these eleven patients were discharged cured, in the course of March and April, 1827. The other two remained a long time doubtful, and one appears not yet secure; the other has, ultimately, been saved from phthisis, though of a highly strumous habit, and consumptive family.

4. *Chronic Bronchitis.* In a considerable proportion of these cases, regimen alone succeeded; with the aid of some trifling narcotics. In some cases, it was necessary to employ local, and even general bleeding. By these means, all the cases recovered. The same may be said of the other chronic phlegmasiæ of the chest.

5. *Acute Gastro-Enteritis.* Of sixty cases of this disease, one proved fatal. In almost all the other cases, the disease gave way to the first, second, or third application of leeches—a few resisting the antiphlogistic treatment for a longer time. The complaint commenced with thirst, loss of appetite, general malaise, sense of heat at the epigastrium, redness of the point of the tongue, occasionally by vomiting, slight delirium, vertigo, &c. Some were taken suddenly and violently ill—others were slowly affected. Fourteen or fifteen of these cases are denominated, on the books of the hospital, "*gastric irritations*," being simple *gastro-enterites*, following a very rapid course. The symptoms of these were: —Cephalalgia, general sense of fatigue, inappetency, rednesss of the tip of the tongue, thirst, heat of epigastrium, some elevation and frequency of the pulse. Four of these cases ceded to regimen alone—the

others to ten, fifteen, or twenty leeches applied to the epigastrium, seconded by rigid abstinence, and emollient mucilaginous drink. In four cases, the disease presented itself in the form of inflammatory fever, and two of them required general bleeding, in addition to the leechings. In one case, the fever was on the point of passing into the adynamic (or what is here called typhoid) state; but two applications of leeches, one of 30 and the other of 10, to the epigastrium, hypochondria, and chest, with friction of vinegar, &c. arrested the progress of the stupor, and saved the patient from a dangerous form of disease into which he was lapsing.

In two cases, there were presented the symptoms of what the Ancients denominated ileus, without knowing its cause. This was a sudden development of a circumscribed tumour in the abdomen, accompanied by vomiting and most painful colic, &c. In one case, that of a young man, aged 29 years, the tumour appeared suddenly in the night, and to ease the pain, he had swallowed a quantity of brandy and sweet oil, which were soon thrown up by vomiting. Next day, leeches were plentifully applied to the tumour, followed by fomentations. On the succeeding day, there was neither vomiting, pain, nor tumour. The bowels were opened, and, in a few days, he was discharged cured.

In the other case, the patient being a man 52 years of age, the pain was not very acute, but the vomiting was very frequent. This man had also swallowed some hot brandy and oil, which increased the sickness. The tumour was very sensible to the hand, as well as to the eye, being situated in the region of the caput coli. The pain was like that in colica pictonum, but dreadfully severe, and he begged for speedy relief from his sufferings. Twenty leeches were applied to the part. Next day, all the symptoms, and all traces of the tumour had disappeared. M. Broussais does not say much as to the real or supposed nature of these tumours in the abdomen. He thinks there is evidently acute inflammation—and possibly invagination—both of which speedily cede to the only proper mode of treatment; copious leechings and fomentations. He makes no mention of any accumulations in the colon, as the probable cause of these sudden tumours. We have seen several instances of this complaint—and one lately, in the person of a Medical Student of the Middlesex Hospital. He was, at one time, in a dangerous predicament, having neglected the complaint for a day or two. He required repeated local and general bleeding, with fomentations, calomel and opium, and smart purgation, when the disease yielded; but not before his face had assumed the Hippocratic cast, and the pulse had remained for more than 24 hours above 160 in the minute. He was judiciously treated in the beginning, by Mr. Weatherfield of Covent Garden, before we saw him.

There were some serious complications of these gastro-enterites. The most formidable was erysipelas supervening on, or succeeding, the fever occasioned by the gastro-enteric affection. Yet, even in these cases, M. Broussais did not hesitate to apply numerous leeches to the cutaneous inflammation—and, it appears, with perfect success.

The following are the principal features of the gastro-enteritis which

proved fatal. The patient was in a desperate condition when he entered the hospital on the 12th November. When examined, his countenance had a very bad appearance—he was propped up in bed, breathing with much difficulty—tongue dry and red—thirst ardent—total loss of appetite—much wheezing in the right side of the chest, which seemed depressed—deafness—diarrhœa. He was bled from the arm, and leeches were applied to the epigastrium and anus—glysters were thrown up, and various means were used, but in vain. He died on the 20th of the same month. On dissection, the mucous membrane of the stomach was found of a dark brown colour, and the lower portion of ileum was studded with innumerable ulcerations. The rest of the intestines were sound; but the right lung was completely disorganized, and contained several excavations.

7. *Acute Duodenitis.* There were seven distinctly marked cases of duodenitis, and five where it accompanied other affections. In all but three of these cases, there was general jaundice. None proved fatal. In two cases, the disease appeared to be brought on by paroxysms of anger. The characteristic features were, a loaded tongue, (the crust of fur being of a grey, white, or greenish cast) bitter taste in the mouth—great diminution or total loss of appetite—a shining puffiness (renitence) in the region of the duodenum, seldom accompanied by pain. The treatment consisted in the application of 8, 10, 15, 20, or 30 leeches to the duodenal region. In the majority of cases, one application was sufficient. To this measure, warm baths were sometimes added, which helped to dissipate the jaundice. In these cases, starvation was indispensible, till the duodenitis ceased.

8. The cases of Colitis, eight in number, were easily removed by one or two applications of leeches. Diarrhœa was the characteristic feature. Rice gruel and rice pudding were found the best species of aliment.

The cases of chronic gastro-enteritis were few in number, and offered nothing particular in symptoms or treatment. Regimen is, in these cases, the mainspring of the cure.

The other diseases in the table do not require any particular notice. The following statement from the records of the Val de Grace, is certainly very favourable to the new physiological doctrine, and we entertain no doubt whatever of the superiority of the practice inculcated by this doctrine over the old routine of stimulants and tonics, in chronic diseases—"medecine expectante" in acute.

The ratio of mortality was thus:—

| | | | |
|---|---|---|---|
| March, | 1804 to December, | 1809..... | 1 in 12 |
| January, | 1810 to December, | 1814..... | 1 in 10 |
| January, | 1815 to December, | 1819..... | 1 in 32 |
| January, | 1820 to December, | 1824..... | 1 in 27 |
| January, | 1825 to December, | 1826..... | 1 in 30. |

*Annales de la Medecine Physiologique, Mai,* 1827.

### 9. CURIOUS SPECIES OF CEREBRAL HÆMORRHAGE.

[M. Bravais. L'Hospice de Bicêtre.]

There is, says M. Bravais, a disease of the cortical substance of the brain, to which anatomists and pathologists have not directed sufficient attention. It is a hæmorrhage which generally occupies the whole of the cortical substance of the brain, giving place, first, to the formation of some small globules of blood, mixed with the nervous pulp, and afterwards producing yellowish cicatrices, extending from the external coverings of the brain down to the medullary matter. This lesion has an intimate connexion with cerebral hæmorrhage. The symptoms, at all times obscure, have not been distinguished when the disease was bounded to a small portion of brain. They are such as appertain to congestion and softening of the cerebral substance. Sanguineous effusions into the cortical structure are described by all authors; but M. Bravais has not seen any description answering to those yellow membranous-looking cicatrices which are now to be delineated.

*Case* 1. Pinard, aged 32 years, presenting, for several years, the symptoms of sombre melancholy, was observed to become rapidly emaciated during the last month of his life, and he complained much of pain in the right side of the chest, without any expectoration. He refused his food, and died on the 5th April, 1824.

*Dissection.* There was a moderate proportion of blood in the sinuses and meninges of the brain—very little serosity on the surface of the hemispheres—or in the ventricles. The arachnoid and pia mater were transparent, and easily detached from the surface of the brain. In the posterior lobe of the left hemisphere was found a crude tubercle, of small size, which readily turned out with its investing membrane. Around this tubercle, the cortical substance of the brain was reduced to a pulp, of a dark colour, in which the debris of the cerebral structure was discernible, mixed with some globules of blood. The rest of the brain preserved its usual consistence. The lungs, especially on the right side, were filled with miliary tubercles, and the bronchial glands were tuberculous.

The narrator thinks it evident, that the cerebral tubercle, and the hæmorrhagic condition of the surrounding part, came on in the latter stage of this man's existence, and had nothing to do with the melancholic affection under which he so long laboured. Of this, we do not see the evidence so very clearly. Knowing the slow growth of tubercles generally, we do not see any reasonable doubt, that the one situated in this man's brain may have contributed to the disturbance of the sensorial functions.

*Case* 2. Dupille, aged 50 years, entered the Bicêtre, on the 15th May, 1824, with the following symptoms:—Delirium, loquacity, constant motion of his limbs. The strait waistcoat was applied. 20*th May.* Considerable dyspnœa—delirium—coldness of the extremities—feeble

and quick pulse—puriform expectoration with his cough. He died on the 29th May.

*Dissection.* The meninges of the brain were perfectly natural, and the pia mater was easily detached from the subjacent cerebrum. There was a portion of cerebral substance, however, at the under part of the middle right lobe, which was completely impregnated, as it were, with blood, the nervous pulp and blood being intimately mixed. This was in the cortical substance:—The medullary portion underneath was quite sound. In the thorax, a pint of limpid serum was found in the right side—in the left, a pint and a half of sanguinolent watery fluid. There was not any material disease of the lungs, except in one place. The pericardium adhered at one spot, by a false membrane, to the heart. The substance of the heart was soft, and easily lacerable, especially the left ventricle, which tore in two places, merely while handling it.—Revue Medicale.

It is evident that the thoracic affections, in this case, were quite sufficient to destroy life. The cerebral hæmorrhage does not appear to have produced either convulsions, or loss of sensibility or muscular power.

A considerable number of other, and nearly similar, cases are related, but we think the above are sufficient to attract the attention of pathologists to this particular lesion of the brain.

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### 10. FATAL SICKNESS FROM PREGNANCY.

[M. Dance—Hôtel Dieu.]

Morning sickness, especially in the early stage of pregnancy, is so common as scarcely to be considered as any thing more than the effect of a natural sympathy between the uterus and stomach. Sometimes, however, is passes the usual boundary, and occasions great distress—nay, loss of life. It then becomes a morbid, instead of a natural sympathy, and we are called upon to examine into its cause and treatment.

*Case* 1. Sophy Pepin, aged 21 years, meagre, nervous, and irritable, entered the Hôtel Dieu, on the 15th April, 1826. Three months and more previously, the catamenia had stopped, and, soon afterwards, she was affected with weight and pain in the epigastrium; and considerable derangement of the general health. During the preceding two months, she was harrassed with almost constant vomiting of every thing she took, liquid or solid, attended with rapid emaciation. Yet her tongue was clean and moist, without any redness at the sides. The physician who had attended her in the city never perceived any febrile movement in the system. The epigastrium was now void of tenderness on pressure, and only a pulsation rather more than natural could be felt —sleep interrupted—habitual constipation—vomiting both night and day indifferently, preceded by a disagreeable sensation of twisting in the epigastrium. The matters ejected were often of a greenish or limpid character, and small in quantity. The patient did not think herself pregnant, and there was no enlargement of the hypogastric region.

Leeches—ice, externally and internally—and various other means had been tried, in vain, to stop the vomiting. The anti-emetic draught of Reverius was tried on the 16th, at the hospital, but ineffectually—opium plaster was applied to the pit of the stomach, with as little success. Twenty other remedies, including leeches and blisters, were put in requisition, without having the slightest effect in checking the vomiting. By the end of May, emaciation had made great progress, and now the hypogastrium began to become prominent, and pregnancy was ascertained to exist. On the 2d of June, this afflicted creature ceased to suffer.

*Dissection.* No lesion could be detected in the stomach, except a slight reddish tint in the mucous membrane. The whole of the intestinal tube was sound. The uterus rose a few inches above the pubes, and its parietes were preternaturally soft and flabby, but without any other appreciable change of structure. The membranes of the fœtus were transparent throughout; but, between these and the uterus, there were false membranes, forming a layer some lines in thickness, exactly resembling those found between the pleuræ after inflammation. The same was found between the placenta and the uterus, but more of a purulent character.

We cannot but coincide with the author in considering these inflammatory appearances in the uterus as connected with the obstinate and ultimately fatal vomiting which occurred in this case. That the affection of the stomach was purely sympathetic, is evident from the total want of all evidence of lesion in that organ after death.

*Case* 2. Aglae Leroy, aged 20 years, not married, became irregular in her menstruation in November, 1824, and soon afterwards was troubled with sickness, malaise, cephalalgia, and vomiting of bilious matters. She entered the Hôtel Dieu on the 30th December, 1824, and, at this time, she was suspected to be pregnant. The vomitings were very frequent, and there was some pain on pressure of the epigastrium, but no fever. The tongue was moist, and slightly red at the sides. She was cupped on the epigastrium, but without any benefit. Various means were employed to allay the vomiting, but they were attended with only temporary relief. In the beginning of February the sickness was as bad as ever. Her stomach would retain no kind of food, and she expired, exhausted, on the 13th of the same month.

*Dissection.* The emaciation was great—no appreciable lesion in the head or thorax—some red and softened spots near the cardiac orifice of the stomach. The uterus rose some inches above the pubis, and its parietes were exceedingly thin—scarcely a line and a half in thickness. They were also very soft, and gorged with blood. The membranes were transparent—the embryo appeared to be about three months old—there was no other appearance of disease.

The lesion in the stomach could hardly be considered as capable of producing such a catastrophe, and therefore we may fairly attribute the patient's death to the sympathetic vomiting. These two cases would,

in our opinion, suggest a particular modification of treatment in the obstinate vomitings which we occasionally meet with in pregnancy—namely, repeated applications of leeches to the groins and labia pudendi. We throw out this hint for our obstetrical brethren, who have most frequent opportunities of putting the hint in practice, if they deem it proper. REPERTOIRE.

## 11. PECULIAR DISEASE OF THE HEART.

[M. Breschet. La Charité.]

Our readers will remember that, within the last year, we described three or four cases of a peculiar disease of the heart—one in the person of the late celebrated Talma—another, from our own practice, the case of the late General Kyd; and one by M. Cruveilhier. The indefatigable Breschet has dedicated a long article to this subject in the last number of the REPERTOIRE, in which he has collected nearly a dozen of instances of this very curious and rare disease. We shall endeavour to seize the more interesting particulars of this paper for the information of our readers.

1. The first case which M. Breschet has been able to find on record, is one related by Walter, the father, in the year 1759. The patient was a merchant, 50 years of age, who had, for many years before his death, complained of præcordial anxiety and palpitation of the heart. A pouch was found arising from the left ventricle.

2. After alluding to Dr. Baillie's case, the following is detailed from Zannini, published in 1816. A gondolier, at the age of 19 years, fell and bruised his chest. At the age of 25, he became affected with a complaint of the chest, attended with pain in the side, difficult breathing, cough, and bad expectoration, which symptoms were relieved by bleeding. Soon after this, he felt, for the first time, a pulsation in the *right* side of his chest, attended with a sensation as if a body was moving up and down there. He continued his avocations, and drank much wine. Two years afterwards, he became annoyed with a pain in the region of the heart, which was relieved by bleeding, but continued to return from time to time, especially on using much exertion. He had a disagreeable pulsation at the pit of the stomach. He lived two years in this condition, still pursuing his avocations, when his sufferings were a little mitigated. Having attained the age of 29 years, he suddenly expired one day, while making some corporeal exertion, after eating rather heartily.

On dissection, the lungs were found healthy. The pericardium contained a few ounces of yellow serum. From the left ventricle of the heart there went off a pouch, the size of a man's fist, which was adherent to the pericardium. This tumour opened into the cavity of the ventricle, and contained coagulated blood. The parietes of the aneurismal production varied in thickness, from three quarters of an inch to an inch and a half. There was nothing else particular in the dissection.

3. This was a negro, who was received into La Charité, on the 17th October, 1796, in the agonies of death. He died the next day, after a most profuse nasal hæmorrhage. On dissection, it was observed that the heart was of its natural size; but, from the left ventricle, there went off a tumour, nearly as large as the heart itself. The parietes of this aneurismal tumour were of a cartilaginous consistence, although they preserved the appearance of muscle. The interior of the tumour presented several albuminous layers, of considerable density, exactly resembling those seen in an arterial aneurism, except that they were more pale. The cavity of the tumour communicated, by a rather small aperture, with that of the ventricle. The aneurism appeared evidently to be formed between the muscular substance of the heart and its pericardial covering. The mitral valve was thickened and ossified. This case was recorded in the second edition of Corvisart's work. Laennec never saw an instance of the disease, and only touches on the subject, placing the disease under the head of "Dilatations partielles du Cœur."

4. Two cases of this malady were observed by M. Berard, in the dissecting room of La Charité, and whose histories were, therefore, unknown. The second of these cases offered some remarkable phenomena. The man appeared to have been about 55 years of age, and the body was very fat. On opening the chest, the pericardium presented a most enormous size. The heart was prodigiously dilated, and, at the same time, thickened in its parietes. From the summit of the left ventricle there went off an aneurismal pouch, whose interior was covered with concentric layers of organized coagulable lymph, but not of very long standing apparently.

5. The case which we gave in No. 14 of this Series, page 401, as related by M. Cruveilhier, is next introduced by M. Breschet, and this we shall, of course, pass over.

6. The next instance came under M. Breschet's own observation. On the 27th of March, a soldier, aged 49 years, was received into the clinical ward, stating that he had suffered, for six or eight months, from oppression and want of breath, especially on using exercise. The limbs and belly were now infiltrated—he was unable to lie down in bed—the left ventricle of the heart communicated a considerable impulsion to the cylinder, and each contraction was attended with a whizzing noise, (bruit de soufflet) which was very distinct, but which, however, diminished afterwards, and finally disappeared. The pulse was small, and sometimes unequal. Diuretics, purgatives, &c. were employed, with the view of removing the consecutive dropsical swellings. On the night of the 18th May, the patient suddenly became insensible, and complete hemiplegia of the right side ensued. Bleeding, leeching, &c. were used, but the hemiplegia continued, although some degree of the intellectual functions was restored. He died on the 23d May.

*Dissection.* There was serous effusion between the membranes, and

in the ventricles of the brain. The right corpus striatum was of a livid colour, and completely softened almost into a fluid. This softening was exactly confined to the corpus striatum, and no other morbid appearance was seen in any part of the brain or cerebellum. The heart was nearly double its natural size, and, from the left ventricle, a small pouch went off, such as has been described. The great size of the heart was occasioned by the dilatation of the left ventricle, whose parietes, however, could hardly be said to be thickened. The tricuspid valve was in a state of induration approaching ossification. The interior of the pouch presented concentric layers of dense fibrine. The liver was granulated.

7. The case of Talma forms the next instance adduced by M. Breschet, but this has been already noticed in our own Journal.

### GENERAL OBSERVATIONS AND CONCLUSIONS.

Our author remarks that the word *aneurism* has given rise to numerous altercations, discussions, and erroneous deductions. By this term have been understood various and essentially different diseases of the heart and of the arteries. It is also remarkable, that we have admitted the existence of certain morbid conditions of the heart which we have denied to the arteries, and *vice versa*. Thus, every one will allow that the chambers of the heart may become dilated, with or without *thickening*—with or without *attenuation* of their parietes; but it has been denied that there can be an aneurism of the heart produced by rupture of the fleshy parietes, and dilatation of its membranous envelopes. In respect to the arteries, it has been contended that there can be no such thing as true aneurism—that is, a general dilatation of the whole cylinder of the vessel; but that, in all cases, there is a morbid condition of the inner and middle coats, with laceration of these tissues, and the formation of a tumour on one side of the vessel, in which is contained blood, or layer after layer of fibrine. Sennertus, Fab. Hildanus, and Scarpa, maintained this doctrine. But it is too exclusive. There can be no doubt that a diseased condition of the arterial coats, with partial laceration or dilatation of them into a pouch, is the more usual form of aneurism; but to deny that there can be a general dilatation of the calibre of the vessel, without laceration or disease of the coats, is an error. In 14 examinations of aneurismal tumours, Burns found but one in which the doctrine of Scarpa was impugned. Still this one exception in 14 cases proves that the rule is not exclusive. The present paper, and others which we have laid before our readers, evince that the heart is liable to the same kind of disease as the arteries—namely, partial attenuation, rupture, or dilatation of the parietes of some of its chambers, with the consequent formation of a pouch, containing coagulated blood, or layers of fibrine. Observation has proved, that these aneurismal pouches are almost always found to go off from the left ventricle of the heart. What can be the cause of this? M. Portal is of opinion that

these pouches may form without any previous disease in the parietes of the chamber. He thinks the disease is more the consequence of violent contraction, than of dilatation of the chamber. There can be no doubt that these pouches are often seen where the rest of the parietes are in a state of hypertrophy; but M. Breschet is of opinion, and we agree with him, that, in all probability, there is an inequality of power in the different parts of the chamber, previously to the formation of these pouches. It is very curious, however, that aneurism by dilatation should be extremely common in the heart, and comparatively rare in the arteries; while, on the other hand, the aneurism by rupture or partial dilatation of the parietes is the usual form of the disease in the arteries, and comparatively rare in the heart. The reason for this difference is not very apparent. M. Breschet has attempted to lay down some symptoms as tending to shew the existence of this disease; but we consider them as quite uncertain—if not absolutely erroneous. It rarely falls to the lot of a medical man to see a specimen of this curious disease; but the one which we published—that of General Kyd, was not accompanied by any of those symptoms which M. Breschet mentions—indeed the patient never exhibited any symptoms during life, which indicated organic affection of the heart at all. Still we hold it extremely desirable that we should be acquainted with all the forms of organic disease that may be presented to our view in the course of pathological investigations; and with this view we have presented our readers with a succinct account of our learned author's paper on the above subject. The final conclusions to which M. Breschet comes are the following:—

1mo. The heart is liable to be affected by a disease hitherto undescribed by nosographers or practitioners—2dly. That the disease is chiefly found affecting the left ventricle—3dly. That the *summit* of this ventricle is the principal seat of the disease—4thly. That the tumour is aneurismal. 5thly. That this aneurism, from the mode of its formation, the state of its parietes, and the parts contained in the cyst, may be considered analogous to the "false consecutive aneurism of arteries," in the sense employed by Scarpa—6thly. That the heart is liable to the same kind of aneurism which we commonly meet with in the arteries—a circumstance that might be reasonably expected, from their structure and functions.—Repertoire.

### 12. INTESTINAL INVAGINATIONS.

[M. Buet. Hotel Dieu.]

Intestinal invaginations or intus-susceptions are often seen in young subjects who have died of other diseases, and appear to take place in the act of dying, from some convulsive or inordinate movements of the muscular fibres of the intestines. They are thus, probably, of no consequence whatever. But when a portion of small intestine is inverted into the colon—or when a portion of this last is inverted on itself, it becomes a very serious affair, and most generally fatal. It is with the view of furnishing some data for distinguishing this last and dangerous species

of invagination, that M. Buet brings forward the two following cases, from the wards of Dr. Husson, in the Hotel Dieu of Paris.

*Case* 1. On the 17th of April, 1825, there was received into the above-mentioned hospital a man, aged 40 years, formerly a soldier, but now a tradesman. This man, of large stature, and strong constitution, presented the following symptoms when received into hospital:—Abdomen very hard and distended, as well as painful on pressure, especially in the *left* iliac fossa, the *right* being rather depressed, and void of pain, when pressed. The abdominal muscles appeared in strong action—pains in the loins—frequent eructations—vomiting of yellowish matters—constant inclination to stool—colicky and dragging pains in the belly—constriction about the throat. During the paroxysms of colicky pains, the left iliac region presented the figure of a large convolution of intestine, bent on itself. The poor man's countenance was indicative of great suffering—the tongue was furred—much thirst—slow pulse. The patient stated the following particulars of his illness. During ten years' sojourn at Rochefort, he had experienced several attacks of intermittent fever, which had been treated by vomits, purgatives, and tonics, &c. Afterwards he was very subject to vomiting and diarrhœa. On the 20th December, 1824, after some muscular exertion, he felt, in the *right* iliac fossa, a very acute pain, followed by colic, vomiting, and purging. These attacks came on frequently afterwards, with intervals of ease. He had occasionally discharges of blood from the bowels. The means that had been employed were leeches, fomentations, demulcent drinks, and the like. M. Husson considered the case as hopeless, and that nothing could be done but soothe the remainder of the patient's days. Thirty leeches were applied to the anus, anodyne lavements were thrown up, and fomentations were ordered to the abdomen. Little or no relief was obtained by these means. On the 23d of April, while straining at stool, the patient felt as if something had given way in his abdomen, and, in a few minutes more, he became very ill, the abdomen becoming inflated, and exquisitely tender to the touch. He died at eight o'clock the same evening.

*Dissection.* The peritoneal lining of the abdomen was every where inflamed, but there was no extravasation. Patches of recent coagulable lymph were, however, numerous. The small intestines were excessively distended with gas. Neither the cæcum nor ascending portion of colon could be found—they were carried forward, and inclosed in the last half of the transverse arch, and in the sigmoid flexure of the colon, which was as thick as a man's arm, and hard or solid to the touch. On examination, the cæcum was found lodged in the sigmoid flexure, in the iliac fossa. The invaginated portion consisted, therefore, of three parietes, as may be easily conceived, from the mode of introversion, since a portion of ileum was necessarily carried in with the cæcum and ascending arch of the colon. The invaginated parts were agglutinated together, and, in some places, gangrene had commenced. There was nothing particular in the other portions of intestine, beyond the distention, which

might be naturally expected above so serious an obstruction to the evacuation of the bowels.

This case, M. Buet thinks, illustrates the effects of long-continued and drastic purgatives, to the intemperate use of which he attributes the invagination above-described. This case also shews that an intussusception of great extent may exist for a long time, and yet a passage for liquid fæces may still obtain. Up to the day before the patient's death, he had fluid evacuations from his bowels.

*Case* 2. Pradier, aged 22, who had been in the hospital at Clermont, for vomiting and diarrhœa, with colicky pains, came to Paris, in July, 1825, in a very bad state of health, and entered the Hotel Dieu, on the 8th of August, under Dr. Husson. The patient's symptoms, at this time did not portend the existence of so serious a malady as that which actually obtained. He had colicky pains and diarrhœa, with intervals of perfect ease, and his complexion was nearly natural. He was ordered emollient fomentations, diluents, and lavements. On the 12*th* and 13*th* of the same month, the symptoms were observed to be aggravated—the features were sharp—the pulse concentrated—and the iliac fossa of the left side was very painful on pressure. Leeches and opiates were prescribed. 14*th*. The pain was insupportable, and the patient felt as if something was tearing in his inside. He had nausea and vomitings, with spasmodic contractions of the fingers and other parts. 16*th*. Symptoms of peritoneal inflammation were evident, and leeches in great numbers were applied; but the disease went on unchecked, and death terminated his sufferings on the 18*th* of the same month.

*Dissection.* The peritoneum was highly injected, and there were numerous adhesions and false membranes seen in different parts, but no effusion or extravasation. Neither cæcum, ascending or transverse arch of the colon, could be found. The descending portion was as thick as a man's arm, and very hard. On performing moderate traction, it was easily discovered that the cæcum and ascending and transverse arches of the colon, together with a portion of ileum, were engulphed in the descending portion of the colon. The cæcum was found in a state of gangrene.—*Archives Générales.*

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### 13. COMPRESSION IN ARTICULAR INFLAMMATION.

[Dr. Varlez. Military Hospital of Brussels.]

We should suppose that the Belgic surgeon has taken a hint from the writings of Dr. Balfour, in this country. However this may be, we shall give some short account of a case or two which Dr. V. has published, in the June Number of the Archives, relative to this mode of treatment.

*Case* 1. Denute, a soldier, 30 years of age, was sent into the Military Hospital of Mons, in the month of August, 1826, suspected to be labouring under some mental aberration. Shortly afterwards he was seized with violent inflammation of the stomach and lungs, which re-

quired copious depletion. When he was convalescing from this attack, he was suddenly affected with acute pain in the right wrist, succeeded by swelling of the same, and considerable constitutional disturbance. Thirty leeches were applied to the part, and fomentations to encourage the bleeding. But this brought no relief, and another 30 were applied, with poppy-head fomentations. The following day shewed a similar inflammation and tumefaction of the other wrist, without any diminution of the inflammation in the joint first attacked. Leeches were here applied, but the disease seemed to laugh Dr. V. to scorn, and pursued its course. The skin was hot—the pulse quick and irregular—the tongue dry. Dr. V. was afraid of farther sanguineous depletion, and had recourse to compression, on the principle of Velpeau in the treatment of phlegmonous erysipelas. A bandage was, therefore, applied, from the fingers to the elbow. The pain was considerably increased by this measure, and the patient begged to have the bandage removed; but the Doctor persevered, keeping the linen wet with an emollient lotion, which tightened the bandage, but did not increase the pain. The compression commenced at 10 o'clock in the morning, and, by 1 o'clock, the pain ceased. Dr. V. now applied a bandage to the other wrist, and the same augmentation of pain ensued, with complete relief in a few hours. The patient now, for the first time, fell into a refreshing sleep, of two hours duration. When he awoke, the pain had returned, but not in so violent a degree as before, and he passed a tolerable night. Next day, the constitutional symptoms had nearly disappeared. The bandages were re-applied, having become slack—the redness and swelling being considerably diminished. Next day his appetite returned. The bandages were continued for eight days, when the cure was complete. Three or four other cases, presenting similar results, are detailed by our author. We confess that we do not attach much importance to any topical measure, capable of suddenly removing the pain or swelling of articular rheumatism of the acute kind, knowing, as we do, the severe effects which so frequently succeed to rheumatic inflammation of the joints, when rudely interfered with by any local mode of treatment. This treatment by compression we believe to be one of those processes which may give a temporary eclat to the medical attendant, but may not be very profitable, in the end, to the patient. We should prefer a very moderate application of leeches to a joint in this state, followed by tepid evaporating lotions, and such internal remedies as gently open all the secretions, without violently or abruptly checking the course of the disease by any heroic remedy whatever.

We see, by this paper, that Dr. V. is about to publish a work on purulent ophthalmia, in which, he says, the surprising efficacy of the solution of chloride of lime will be demonstrated, Since he commenced using this application, he has lost no eyes; whereas, the treatment by other methods was very unsuccessful. This hint will probably be acted on by some of our surgical readers before the Doctor's work appears.

### 14. ENDERMIC MEDICATION.

[M. Martin. Hôtel Dieu.]

In spite of all the controversies which have taken place respecting the existence of a capability in the vessels of the skin to absorb substances applied to them—the general conviction, supported now by incontestible facts, is, that such absorbent power does actually exist—especially when the epidermis is removed. The method of introducing medicinal agents through this channel is by no means a mere matter of physiological curiosity. It may be turned to great advantage in many cases, where there are strong objections to the administration of medicines by the mouth. Thus, a person may become the subject of ague while labouring under chronic inflammation of the stomach or bowels—and, consequently, where bark or arsenic would be injurious. In such a case, the sulphate of quinine may be applied to the denuded surface of a blister, and the ague will be stopped, without any irritation being given to the stomach or bowels. Again, in cases of children, who have a natural repugnance to medicines, and especially to bitter medicines, the endermic medication offers a very convenient resource.

In a late Number of the Revue Medicale, the younger Martin has published several cases of intermittent fever, treated, at the Hôtel Dieu, by sulphate of quinine, applied with cerate to blistered surfaces. At first, he applied the powder over the denuded cutis, but it occasioned too much irritation, and the paroxysms were not stopped. He then mixed the quinine with cerate, and the object was obtained, without any local inflammation or pain being produced. A single case in illustration will be sufficient for our purpose.

*Case.* Leon, a soldier, of the 1st regiment of Light Infantry, had been in the hospital upwards of four months, when M. Martin took his turn of duty, on the 1st of December, 1826. He had had a pernicious remittent fever, attended with several relapses, by which he was reduced to a state of great debility and emaciation. He was also affected with dry cough, and was compelled to keep his bed, from the general state of marasmus to which he was brought by his disease. By proper means, the cough was mitigated, and the patient began to recruit a little, when, on the morning of the 20th December, he was seized with a regular fit of ague, which left the cough in a state of exasperation. The next day, being apyrectic, a blister was applied to his arm. On the third day, in the morning, the blister was removed, and the surface dressed with cerate, in which was incorporated six grains of the sulphate of quinine. That day the paroxysm was much milder, and at somewhat a later hour. The quinine was continued, six grains daily in the cerate, and fever returned no more.

We need not multiply cases, as the foregoing presents an example that will be easily imitated, where it is deemed necessary. We apprehend that this plan may be applicable to a great many morbid conditions of the system, where the internal administration of remedies would be inconvenient.

### 15. ON GYMNASTICS.

By Dr. Cassimir Broussais, Physician to the Civil and Military Gymnasium.

M. Cassimir Broussais' situation gives him good opportunities of observing the effects of gymnastic exercise on mind and body. We agree with the author, that such exercise, if properly regulated, has a powerful influence on the *morale* through the medium of the *physique*. On this account, it deserves the consideration of the statesman, the divine, the philosopher—and last, not least, the physician. It interests the latter in a double manner, as an instrument of hygiene and therapeutics. Gymnastics bid fair to exert a considerable influence on the rising generation of both sexes—the inhabitants of schools, colleges, and cities—and very particularly on soldiers, both in field and in garrison.

In this article, the author confines himself to an inquiry into the assistance furnished to the physician by gymnastics—*first*, in preserving health—*secondly*, in correcting spinal distortions—*thirdly*, in curing certain diseases—and, *fourthly*, in the acceleration, in certain cases, of the progress of convalescence.

Gymnastic exercise, by putting in action every part of the muscular system, and by diversifying the muscular movements *ad infinitum*, produces several physiological effects on the human body, which it is very necessary to know, and bear in mind. In the first place, the muscles are strengthened, and, at the same time, rendered more supple by this exercise. In the second place, these muscular movements, and their accompanying gentle succussions, accelerate the circulation, even in the most minute capillaries. Such are some of the general physical effects of gymnastics. But this agent is capable of being directed locally to this or that part—as, for example, to the dilatation of the thorax, and to the invigoration of any of the limbs, or the muscles of the trunk. By a skilful use of this measure, we may enable one organ or system to predominate over another. Thus, supposing we consult the health of a child of a lymphatic temperament, of pallid complexion, flabby flesh, and disposed to scrofula, rickets, or hydrocephalus, what is gymnastic exercise likely to effect? It will cause the muscular and sanguiferous systems to predominate over the lymphatic. In giving activity to the circulating system, it promotes the resorption of the serous fluids, and improves the complexion. In calling forth the vital action of the muscular system, and determining to the extremities, it prevents a concentration of irritation or congestion in the head, thus removing the disposition to hydrocephalus. In fine, gymnastics are capable of changing completely the original dispositions of the child into dispositions of health. Our author avers that he has seen several such instances occur at the Gymnasium. If, on the contrary, the child be neither decidedly scrofulous nor ricketty, but suffer merely from bad health; if, in fact, the child be what is commonly called "delicate;" of irritable habit, and easily fatigued, are we to treat such a patient by "rhubarb, senna, or vile purgative drug?" No; the time, says M. B. is gone by, when we should poison our patient in order to strengthen him! Let the lad

engage in gymnastic exercises, gradually raised from the more gentle and preparatory, up to the more complex and difficult; and we shall soon find that these will accomplish what all the stuff in Apothecaries' Hall never could. The same holds good with the individual of bilious and melancholic temperament. Those even who enjoy good health would do well to cultivate what will give power, activity, and suppleness to their limbs, as well as confidence in themselves, and presence of mind in dangerous situations. The man of letters, too, and indeed all engaged in sedentary occupations, would find their account in resorting to gymnastics, which would most certainly lop off that endless series of ills, in the shape of piles and of fistulæ, which spring up so rankly in the field of science.

It may be asked, at what age should a child commence these exercises? Our author replies, as soon as he can walk firmly. At the Gymnasium of M. Amoros, in Paris, near the Champ de Mars, there is a class of boys from two and a half, to eight years of age, who go through the various evolutions with a remarkable degree of ease and address. It is more difficult to determine when they should be left off; for, although there is a certain period of life at which any great exertion becomes irksome, and perhaps injurious, yet it is not so easy to say, precisely, what that period is. Amongst the Greeks, old and young repaired to the Gymnasium, and we read that Galen dislocated his humerus at thirty-five.

M. Broussais proceeds to consider the effects of gymnastics in distortions and curvatures of the spine. These depend either upon caries of the vertebræ, where, of course, exercise is inadmissible, or upon partial muscular action. In a person of a weak, strumous habit, where, as M. B. believes, the osseous system is soft, and there exists a predisposition to the disease, the greater action of one set of muscles than another, induced by malposition or other accidental circumstances, is a very frequent cause of distortion. In the treatment, two indications are to be followed; 1st, the correction of deformities—2d, the strengthening of the constitution. For the first, machines have been long in use, and, with what effect, the crooked backs of nearly five out of ten of our boarding-school misses can amply tell. It is to Mr. Shaw, in this country, and M. M. Lachaise and Pravaz, on the Continent, that the merit of having combined, with the use of machines, a system of exercise for the muscles of the spine, is justly due. In France, however, they have not been content with the few ropes, and pullies, and sliding boards, employed by the late Mr. Shaw, but have sent their patients to the Gymnasium, and, as it appears, with the happiest effects. Several cases are detailed, in illustration, by M. Broussais.

*Case.* Jules B. æt. 6, of a lymphatic temperament, and puny debilitated habit, presenting a very marked projection of the spine in the dorsal region, was sent, by the advice of M. Villeneuve, to the Gymnasium of M. Amoros. On his entrance in September, 1826, there was found to be no lateral curvature, but a projection to the extent of half an inch of the spinous processes of three of the lower dorsal vertebræ. At first he

evinced a great dislike to the exercises, but, after a time, this subsided; and, at the expiration of four months, there was a decided improvement in his health, whilst the prominence in the back was scarcely to be felt. At present (June, 1827) he continues to prosecute gymnastics with the happiest effects upon the *morale*, as well as the *physique*. Two other cases are related, but these our limits will not permit us to notice here. Our author thinks that gymnastics might be very advantageously combined with machines for extension, inclined planes, &c. in the treatment of these spinal distortions; in fact, at some of the institutions in Paris, for the cure of these affections, this plan seems to have been already put in practice.

The next subject noticed in this paper is—what are the complaints to the treatment of which gymnastics are applicable? Certainly not, replies our author, to acute inflammations, or active hæmorrhages—not to chronic inflammations of the viscera, to affections of the pulmonary tissue, of the heart or muscles, nor to many or most of those of the skin, &c. But in chronic gastritis and hypochondriasis, (this is a Broussaisan, remember,) in other words, in dyspepsia, gymnastics, aided by proper regimen, are an almost certain remedy. What, in fact, do we commonly recommend for these affections? Proper food—air—*exercise*. But what kind of exercise? Surely this is not to be confined to a walk or a ride. No; let the individual engage in gymnastics, not as a candidate for prizes, not with an ambition to rival the "professors," but in moderation, as a mean of health; whilst he should, at the same time, combine with them a regulated diet.

The last point which occupies the attention of our author is the efficacy of gymnastics in promoting convalescence, or rather in giving tone to the system, when this is confirmed. Caution is here required, and we must commence even with the elementary exercises, which we shall notice presently, or with the gentle use of the machines. M. Broussais observes that, if some of these were erected under the inspection of competent masters, and the immediate superintendence of the medical officers, in public institutions, particularly in the military hospitals, they might form a good mean of testing the vigour of the convalescents; in short, they might become true *dynamometers*. We have thus given an abstract of the paper of M. Broussais, and shall now beg leave, in all humility, to offer a few comments of our own. For gymnastics, in the liberal sense of the term, that is, for a system of exercise, which, without being violent or immoderate, tends to improve and develop the physical powers, we have always been the warmest advocates. We are confident, and the conviction is becoming more general every day, that exercise and a temperate diet are, after all, the true elixir vitæ. When people substitute for these a multitude of boluses and draughts, they are only poisoning themselves secundum artem, and they seem to forget altogether, that man was never intended by Nature to live upon calomel and jalap.

The gymnastics, as practised abroad, and of late introduced into this

country, though, in many respects, highly valuable, are open, we fear, to several strong objections. They consist, as far as we have had an opportunity of witnessing them, in the use of a series of "bars," in vaulting, climbing, leaping, and running, together with those which are technically stiled "preliminary." These latter are principally—throwing the arms forwards, as in boxing; upwards, downwards, or backwards, as in the broad-sword exercise; jumping upon the toes; bringing the thigh to a right angle with the body, in which position it is kept for a certain length of time; and in imitating particular postures, as that of the fencer or gladiator. From this detail it will be seen, that these preliminary exercises are nothing more nor less than a species of drill, which is certainly well calculated to open the chest, give power to the muscles of the extremities, and improve the carriage. To these we think no reasonable objection can be offered, and, when once seen, they can be easily practised by most persons without the necessity for any apparatus whatever. The bars are of two kinds. A round one is placed horizontally above the level of the head, and is stiled the "horizontal pole." Upon this the principal feats are performed, some of them certainly surprising enough, both in the display of strength and agility. They, for the most part, depend upon the power of raising the head, by strength of arm, above the level of the pole, of keeping it so by means of one arm only, of bringing the knees and even toes to touch the bar, and of performing certain somersets and revolutions which would astonish the twirling dervises in the Eastern Tales. This, after all, is but a species of climbing, and as such goes to develop the chest, and enlarge the pectoral, deltoid, and biceps muscles, to a very considerable extent. The second kind of apparatus is the "parallel bars." These are two straight bars, about a couple of feet asunder, and, standing a little below the level of the arm-pit: one of which being grasped in either hand, the person lifts himself up, and walks along upon his hands, &c. Various manœuvres are gone through upon this machine also, some of them requiring a good deal of muscular force in the arm, and all of them dependent more or less upon the firmness with which the individual grasps, and supports himself upon the bars. As the former exercise was directed mainly to the biceps and flexor muscles, so this chiefly employs the triceps extensor, and latissimus dorsi. The climbing is performed upon ladders, ropes, poles, &c. but this we need not stop to describe. For the vaulting there is erected a wooden "horse," or, at least, a round log of wood placed upon legs, and so called; but here the arms and chest are still brought into play as much as, if not more than, the lower extremities; and some of the exercises we should consider dangerous, especially to a person disposed to hernia. Running and leaping complete the catalogue.

Now, on looking over the detail of these gymnastics, it is obvious that they are partial in their operation; in fact, that the chest and arms are more employed, and, by consequence, more developed than the lower extremities. That happens to a gymnast which happens to a

waterman. Look at the different "stairs" by the river side, and observe this class of men. Their figures are ungraceful in the extreme. The chest is broad it is true, but the shoulders are high and square, the neck thick and short, it is "a bull-neck," and the back rounded, giving the appearance of a stoop. This, however, is not the case; for the waterman is mostly erect, the roundness of the shoulder arising from the fulness and size of the latissimus dorsi. This is the fair side of the picture; let us look a little *lower*. The nates are flattened, the thighs spare, the legs in a middle-aged waterman seldom adorned with a calf, whilst in very many, if not most, there is a degree of knock-knee, depending partly on the attenuation above and below, and partly upon weakness of the internal lateral ligament. The chest is almost Herculean, the legs miserable. And is this, after all, the form of strength? We should say not. It gives the strength requisite for the mere handling of the oar, but certainly not that adapted to a race or a wrestling match; for the man is not planted firmly on his legs. To our minds, indeed, a thorough-paced waterman presents the idea of a beer-barrel set upon spigots—so punchy above, and so lean below.

We do not mean to affirm, that gymnastics have not, in this respect, some advantages over rowing; but we do mean to say, that their operation is too partial—that the chest and arms are developed at the expense of the lower limbs, and that the figure of our modern gymnasts, so far from being graceful or beautiful, bears, in many cases, too close a resemblance to that of the waterman. We are aware that, anatomically speaking, the beauty of the male form lies in the smallness of the loins, and capaciousness of the chest; but it has been well remarked, that any peculiar or characteristic point of beauty, when carried beyond a certain extent, becomes caricature, and degenerates into deformity. Nothing can be more elegant than the fulness, and roundness of contour displayed in the pelvis and hips of a woman, and yet we apprehend there are few to be found who could admire the Hottentot Venus. We remember, some time ago, seeing at one of our theatres a rope-dancer, of the name of Antonio—Il Diavolo Antonio we think the play-bills called him. He was a short man, about five feet five, or thereabouts, and with the incessant exercise upon the slack-rope, his muscles had acquired a most extraordinary development. The gastrocnemii, the glutæi, the muscles of the thigh, and those of the chest and arms, were so prominent as to be actually visible through his tight dress at the farthest parts of the house. In the eye of the anatomist, and on the dissecting table, this would be called beauty, yet we declare that it was positively disagreeable, and even painful to look at.

We are inclined to think, that the gymnastic exercises, at present practised, are not only too partial, but too violent; and we ground this opinion on the observation of many who have engaged in them. They have become spare, and the features have assumed that rigid, pinched appearance, arising from the absorption of adeps, which we notice so universally in those who labour hard. That this is conducive to health or longevity we cannot believe; indeed, we should imagine, that if

persevered in, such habits must dispose the individual to those diseases, especially of the arteries, which are so prevalent among the "hard-working" classes of the community. Be this as it may, we strongly doubt the propriety of sending young children to the Gymnasium; for if any one thing is more established in the physical education of man than another, it is this, that violent corporeal exertions at an early period of life are injurious. They most certainly tend to stop the growth, and make the individual old before his time.

Here we must conclude this article; perhaps, as it is, too diffuse. We are ready to acknowledge that there is a vast difference between criticizing a system and inventing one; and that though it is easy enough to point out a defect, it is somewhat difficult to name the remedy. All this is true; and in reply we merely say, that it is by no means our wish to abolish gymnastic exercises, though we do maintain that they should be engaged in with moderation, and that they should be combined with other means, such as dancing, walking, &c. which may counteract their too partial and injurious effects upon the economy.

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### 16. LIGATURE OF THE SUBCLAVIAN ARTERY FOR AXILLARY ANEURISM.

By Robert Thorpe, Esq. one of the Surgeons to the Manchester Infirmary.

*Case.* Thomas Wharnby, æt. 36 years, was admitted, on Monday, April 16th, 1827, into the Manchester Infirmary, in consequence of a tumour in the axilla, which, upon examination, proved to be aneurism. About twelve months previously, he perceived a small pulsating swelling in the right axilla, the progress of which was, at first, very slow; it is now as large as a moderate-sized orange. With the exception of this aneurism, he is, in other respects, apparently healthy. The motions of the right upper extremity are not at all impeded; the only inconveniences are, a slight pain at the insertion of the deltoid muscle, and the fingers have been a little œdematous, accompanied with a tingling sensation. If pressure be made upon the subclavian artery, either above or below the clavicle, the tumour in the axilla can be nearly emptied of its contents, and its pulsations totally arrested.

Early in the month of May, I had a consultation with my colleagues, and an operation was determined upon; but the man was unwilling to have it performed, as the tumour gave him but little annoyance; and though I explained to him its real nature, the uncertainty of other plans of cure, and the bad consequences of delay in the operation, yet he wavered till the month of June, when he consented to the operation.

*June 21st.* The patient was placed upon a firm table, with his head and shoulders raised into a half sitting position. The right arm was then drawn well downwards, the face was turned towards the left side of the body, which raised the sterno-cleido-mastoideus muscle. An incision was now commenced, from the outer edge of the clavicular origin of the sterno-mastoideus muscle, and continued outwards for three inches. On dividing the platisma myoides, a small vessel sprung, and was se-

cured, to prevent any obscurity in the further steps of the operation; and here the external jugular vein was brought into view. This was carefully held to the inner side of the wound by my assistant. Having proceeded thus far in the operation, I attempted to separate the cellular membrane (which is here very loose) with the handle of the scalpel; but, from the depth of the wound, I did not succeed to my satisfaction; nor do I suppose that the silver knife recommended by Mr. Wardrop would have answered equal to the forefingers, as one can, with them, feel the artery pulsating beneath. Having separated the cellular texture completely, the first dorsal nerve was exposed, and then from its immediate vicinity the subclavian artery itself was readily got at. The common aneurismal needle was passed underneath the artery, which was secured by a single ligature. The aneurismal sac immediately shrunk, and all pulsation was arrested. The whole operation occupied fifteen minutes. Not more than two ounces of blood were lost. The wound was dressed superficially with adhesive plaster, the aneurismal limb invested in fleecy hosiery, and the patient put to bed.

*June* 22*d. Four o'Clock, p.m.* Complains of oppression in his chest, accompanied with pain; also a fulness in his head, and there is a suffusion of the conjunctivæ. Twenty-four ounces of blood were abstracted, which relieved him immediately. *Eight, p.m.* Both limbs are of the same temperature, 99°.

23*d.* The blood drawn yesterday has a buffed appearance; but the patient does not complain of any pain. The thumb, he says, is most benumbed of the fingers. From this period to the 2d of July, nothing particular intervened; but on this night, at one o'clock, he *awoke suddenly*, and felt a gush of blood running down his breast. He lost about ℥xxx. which caused him to faint, and then the hæmorrhage ceased. On the 4th July, the wound was again dressed, when the ligature came away with the dressings. It is difficult to conjecture the source of the hæmorrhage on the 2d. Did the man detach the ligature by raising himself up suddenly? Yet I do not believe the blood came from the subclavian artery; *it did not come per saltum*, though it coagulated firmly. Did it come from the humeral extremity of the artery? A similar accident occurred in a case under the care of Mr. Green.

*July* 8*th.* No recurrence of hæmorrhage. The wound is granulating; the discharge is healthy, and diminishing in quantity. From this time till he left the Infirmary, which was on the 3d of September, nothing occurred worthy of remark. He was once bled to ℥xij. for a pain in the side; and occasionally small doses of sulphate of magnesia were given to him to obviate costiveness. The wound healed very progressively, though slowly; and I am much indebted to our house-surgeon, Mr. W. Guest, for his attention to the patient in preventing local sinuses, &c.

To watch the gradual return of the circulation was, in this case, exceedingly interesting. In eight hours after the operation, a tingling sensation, which had lasted from the time that the ligature was tied, now subsided; and a burning heat supervened, or, as the man expressed

himself, "it felt like a fire between his shoulders and along his neck," accompanied, now and then, with a feeling, as though cold water was trickling down the arm, even to the fingers. Twenty-four hours after the operation, the arms were both of the same temperature, 99°. After a lapse of 48 hours, on making the trial, the patient could discriminate which finger was touched; yet it is rather singular that the thumb was most benumbed, though, perhaps, the most vascular. On the 6th July, I discerned a pulse in the brachial artery; but I have not been able to feel any pulsation in the radial, up to the present time, Oct. 25th, 1827. The man is now daily at work, having complete use and power of the aneurismal arm.

We congratulate British, and especially *provincial* surgery, on the adroit execution and fortunate termination, of an operation which decidedly ranks among the very foremost and most formidable to which the hand and the knife can be applied. If our readers will turn to our Number for January of last year, (1827) page 163, they will see a similar operation, by the celebrated Dupuytren, which we praised for the simplicity of the measures and the perspicuity of the narrative. The operation of Mr. Thorpe was more speedily executed, and the details are still more explicit and modest. In short, the Manchester Infirmary derives no moderate degree of honour from the dexterous and successful result of an operation, which, 30 years ago, would have been deemed equally visionary and temerarious.

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### 17. MORBID SENSIBILITY OF HALF THE BODY.

[M. Martinet. Hôtel Dieu.]

A young man, aged 25 years, had enjoyed good health till the age of 14, when he was affected with giddiness, which returned periodically every month. On the 5th March, 1827, this young man was compelled suddenly to separate from his wife, and took the affair greatly to heart. On the evening of the same day, he was suddenly seized with a sense of weight in the right arm and leg, accompanied by a certain degree of loss of power in those parts. In this state, he fell several times while attempting to walk, and felt as if he was half intoxicated. The next day (6th), he came into the hospital, and was in precisely the condition above-described. He was bled in the evening, and sinapisms were applied to the feet. *7th.* M. Martinet himself now saw the patient. The motility of the right side was but little diminished; the principal derangement was of the sensibility. The whole of the *right half of the body* (as exactly as if a line were drawn, behind and before, from the vertex to the perineum) was exalted much in its sensibility, while the opposite side was in its normal condition. The line of demarcation between the morbid sensibility and the normal, was extremely exact. Thus, friction or stimulation on one side of the umbilicus, would excite the most insupportable feelings; while the same, on the other side, would occasion no inconvenience. A similar inequality of sensibility

was observable in the two sides of the tongue and in the two nostrils; but no difference was observable in the two eyes, as to the impressions of light. The sense of smell and of taste were equal and good on both sides, though the common sensibility to touch was so unequal. Although his intellectual powers appeared unaffected, he had great difficulty, and sometimes an inability to pronounce his words, or clothe properly his ideas with language. At this he was very much vexed; and warned his medical attendants not to trust always to the words he uttered, as he was conscious of their being wrong, though he had not the power to put them right.

In other respects, this man was free from fever, slept well, and all the natural and vital functions went on regularly. *He was again bled. 8th.* He complains of acute pain in the *left* temple; but is otherwise the same as yesterday, except that the morbid sensibility of the right side of the body is somewhat diminished. *Twelve leeches to the left temple. 9th.* The pain is much relieved, and the sensibility of the right side still farther reduced. It was observed that the patient had made no water since the preceding day. *Catheterism—warm bath. 10th.* The morbid sensibility was lowered to the normal degree, except in one thigh, where it was still too great. The pain of the left temple was gone, and the patient was evidently convalescent. On the 17*th*, was discharged cured.

M. Martinet has headed this case "Encephalitis," and goes on to maintain that he is correct in the term. It appears that the young man, though a mechanic by occupation, was in the habit of reading a great deal of poetry, philosophy, and the Belles Lettres:—it is, therefore, concluded, that his ideas were habitually exalted above those in his own rank of life. After a bitter moral affliction, he is suddenly seized with weakness in the members of the right side, and a sense of intoxication. These symptoms, our author observes, must be referred to the brain. And what kind of affection was it in the brain? He can conceive no other state than that of inflammation which could produce the phenomena above-described. We are of a very different opinion. We would attribute those curious symptoms rather to *irritation* than to inflammation—and we should be much disposed to consider this irritation as a sympathetic, rather than an idiopathic affection of the brain and nervous system. We could adduce many examples of a moral affliction deranging the functions of the liver, stomach, and other digestive viscera, which deranged functions affected the brain and nervous system secondarily, and induced partial paralyses, and other disorders of the brain and spinal marrow. That there may have been some degree of vascular congestion in the *left* side of the brain, in the above case, is not improbable; but we can hardly bring ourselves to denominate the disease "*Encephalitis.*" The diminution of muscular power in the *right* side of the body might certainly be owing to some fulness in the cerebral vessels of the opposite side; but, that the *super-sensibility* of that side is to be placed to the account of *inflammation* of the brain, at a time when there was no febrile symptom present, and no apparent disturbance of the vascular system, is a proposition that might startle even Dr. Clutterbuck himself.

The case, however, is very interesting in some other respects. If we find that moral afflictions can lead to, or actually produce, an inordinate degree, or, more properly speaking, a MORBID SENSIBILITY in one half of the body, is it unreasonable to believe that the same causes may, in other instances, produce a similar morbid sensibility in certain surfaces of the interior organs, as of the stomach and upper intestines? We are convinced that these moral causes do very commonly produce this effect; but, as the sensibility of these surfaces is *organic* and not common sensibility, so the *effects* are masked, and shew themselves in a host of anomalous symptoms which are puzzling in the extreme to the medical practitioner.

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### 18. LARYNGITIS.

[M. Martinet. Hôtel Dieu.]

In a short clinical report, published by Dr. Martinet, in a late Number of the RÉVUE MÉDICALE, an interesting case is detailed, of which we shall give the particulars in this place.

1. *Angina Suffocans.* The author avoids entering into the discussion, whether croup be a disease essentially different from cynanche laryngea et trachealis. The angina suffocans is an inflammation about the top of the air-passage, and presents some differences, according as the inflammation is seated in one or other part of the larynx or its appendages. The alteration of the voice, the sound of the cough, the distressing paroxysms of suffocation, the kind of expectoration, (when there is expectoration) suffice to characterize *cynanche laryngea and cyn. trachealis;* while, on the other hand, the tumefaction and redness of the velum palati, tonsils, and pharynx, together with the presence of crusts or exudations of different sizes, on these parts—the difficulty, or even impossibility, of swallowing—the regurgitation of liquids through the nose, these will readily mark the existence of cynanche pharyngea and tonsillaris. Œdema of the glottis may be suspected, when there is a sensation as if a foreign body were placed in the throat, and more especially when, by the finger, a kind of ring or ridge is felt surrounding the rima glottidis—attended with extreme dyspnœa. But often there is a complication of all these affections in the same subject.

In some instances, the angina suffocans does not shew unequivocal characters of *inflammation*, and then our practice is necessarily embarrassed—some trusting to depletion, some to calomel, and others to emetics and counter-irritation. In this state of vacillation as to the best method of treatment, the patient often dies by the rapidity of the disease, and the derangement which some of the most vital functions in the body experience. The following case will shew the path which we ought to pursue, where the subject is young and vigorous. It will also demonstrate the power of art over one disease at least.

*Case.* Peter Chapion, 26 years of age, of vigorous and sanguineous

constitution, came into the Hôtel Dieu on the 11th March, being that day seized with acute pain in the throat, about the top of the larynx, quickly followed by difficulty of breathing, and sense of suffocation. Eight ounces of blood were taken from the arm, but the sense of suffocation continued, and made progress, without increase of frequency in the pulse, or elevation of heat on the surface. *Thirty leeches* were applied round the neck, and, the same evening, venesection was repeated to *twenty ounces.* The dyspnœa was relieved by this last bleeding, and the sense of suffocation rendered less imminent. *Mustard pediluvia.* 12*th.* The pain at the top of the throat is still acute—the voice is altered from its natural tenor, being much weaker—respiration difficult and sonorous, but not accompanied with much sense of suffocation—tumefaction of the tonsils and uvula—no appearance of albuminous exudation on any part of the fauces—the deglutition is difficult—pain on pressure of the larynx. Some of the physicians, on introducing the finger, thought they felt a swelling about the rima glottidis. There was an expuition of reddish and sanguinolent saliva—pulse easily compressible and very little increased in frequency—heat moderate—countenance indicative of anxiety—great prostration of strength—face neither pale nor flushed, but the circulation apparently impeded—inability to deviate from the upright posture. *Venesection—blister to the nucha—purgatives—sinapisms to the lower extremities.* This day passed, like the preceding, in a state of constant dyspnœa, with occasional paroxysms of sense of suffocation not, however, so threatening as to require tracheotomy. *Sixty leeches were applied round the neck*, and a cataplasm over the bites. 13*th.* The sense of suffocation is diminished, and the patient can fill the chest by a deep inspiration—expectoration very difficult, but changing in character to the muco-purulent form. *Twenty more leeches to the neck.* On examination with the stethoscope, the breathing was heard much more distinctly in one side of the chest than in the other, and the *râle muqueux* indicated inflammatory action of the mucous membrane of the bronchia. From this time, the expectoration became freer, and the dyspnœa less, until convalescence was established.

*Remarks.* The above is a good sample of that dangerous disease laryngitis. The depletion, except in the first instance, was bold and decided; but the Hôtel Dieu physicians deprived themselves of a powerful means of checking inflammatory action, by withholding nauseating doses of antimony and calomel, which increase the intestinal secretions, and save a great deal sanguineous depletion.

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### 19. STRICTURE OF THE ŒSOPHAGUS.

[Hospital of Surgery.]

In the report of a fatal case of the above disease, we have noticed a strange inconsistency—if not a positive error, which the reporter will no doubt clear up.

A female was admitted, in a very weak and emaciated condition, "*with that peculiar sallow and anxious countenance which almost invariably attends* CARCINOMATOUS *disease.*"* She had, in fact, a nearly entire obstruction in the œsophagus, and the attempts to pass a bougie only aggravated her sufferings. She refused to be supported by enemata, and soon died in a state of exhaustion. On dissection, there was found a very firm contraction of the œsophagus, opposite the 10th dorsal vertebra, "produced by a thickening of the whole coats of that tube, which had, at this point, completely lost their natural texture, and had assumed the *fibro-cartilaginous* structure, which is the *sure indication of* STRUMOUS *disease.*" Below the stricture, the mucous coat of the tube was in a state of ulceration—and, at one point, the ulcer had penetrated all the coats, and communicated with the cavity of the pleura. There was nothing else remarkable in the dissection, she having, in fact, died of inanition.

We notice this case, to shew that the conductors of medical journals should be well acquainted with pathology, and the other branches of their profession, otherwise they will be at the mercy, not only of *ignorant* reporters, but of the *mistakes* of those who are *not* ignorant. We believe that a pupil of one year's study could not be found in any school of this metropolis, who would fail to blush at the assertion, that a *fibro-cartilaginous* structure was a *sure indication* of STRUMOUS disease!! The fact is, that the reporter accidentally put down *strumous* for carcinomatous; but the superintendant of the press has failed to detect so gross an error, though he boasts of being so clever as to distinguish a Greek Poem on Astronomy from a Treatise on Anatomy!

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### 20. CURIOUS CASE OF HERNIA.

[Bartholomew's.]

*Case.* John Harris, æt. 51, watchmaker, was admitted into Darker's Ward, about twelve o'clock on the night of Thursday, October 4th, under the care of Mr. Earle. It appears that he has had a hernia for many years: it has caused no inconvenience; he had worn no truss; and it had not been reduced for two years. On Wednesday, while at stool, he coughed, and the tumour suddenly enlarged, and gave him considerable pain. He had been costive for two days previous to the evacuation on Wednesday. Finding the pain increase, and tenderness of the belly coming on, he sent for a surgeon, on Thursday, who tried, ineffectually, to reduce the tumour, and sent him to the hospital, at midnight of the same day. Upon examination, a large oblique scrotal hernia is found on the right side, reaching to the bottom of the scrotum, on the lower and back part of which, the testicle is to be felt very distinctly. The scrotum is tense and somewhat painful, but not much discoloured; and he complains of tenderness of the abdomen on pressure. He is

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* Lancet, Oct. 27.

diligently applied by the dresser, but without effect. Mr. Earle was, consequently, sent for, and arrived between two and three o'clock in the morning. By this time the symptoms were very urgent, and Mr. Earle judged it right to have recourse to the operation without delay.

Operation.—The operation was performed about three o'clock, by Mr. Earle, who commenced by making an incision from opposite the external abdominal ring, to the lower part of the scrotum, dividing the skin and cellular membrane beneath, and exposing the superficial fascia. There was not much bleeding from the divided external pudic. A small puncture was made through the fascia superficialis, and a director introduced through it; upon which the fascia was divided by a probe-pointed bistoury. The cremaster muscle thus exposed, was next divided in a similar manner, which brought the sac into view. The superficial fascia was thicker than natural, and considerable alteration had taken place in the structure of the cremaster; it was bigger than usual, and its fibres connected into strong white tendon-like cords. The peritoneal sac was adherent to the cremaster and cellular tissue adjacent, and was next very carefully divided, and the displaced intestine brought into view, which appeared to be inflamed, but not gangrenous. The contents of the sac were evidently *large intestine*, and, on examination, found to be *the cæcum and part of the colon*, which were adherent to the sac. The fore finger of the left hand was now passed into the sac, and pushed in the direction of the external ring, through which it was readily passed, proving that no stricture existed there. Mr. Earle next ascertained that there was no cause of strangulation in the inguinal canal, or at the internal ring. The two rings were almost closely approximated. On handling the colon, Mr. Earle thought he felt something hard within it. This, he observed, was not fæces, for it was immoveable, and felt like a thickened piece of intestine within another; there being no evident cause of strangulation, but yet symptoms of it; and no small intestine to be seen entering the large gut, together with the presence of the foreign body in the colon, resembling small intestine; Mr. Earle concluded that there was introsusception. *He made an incision into the colon about an inch and a half long*, through which some dirty-coloured fluid and much flatus escaped. For what purpose this incision was made we do not exactly comprehend.* In the register of the case, written, we believe, by Mr. Earle's dresser, it is stated to have been done with a view to *lessen the bulk of the tumour*—but this must be a mistake. A little farther, however, it is said, Mr. Earle thought the urgency of the symptoms warranted it. Now we confess that we do not know on what principle cutting into the gut just *below* the introsusception was to afford relief. The coats of the divided intestine were somewhat thickened, and eversion of the villous coat took place, so as to encroach considerably on the wound. Through the wound of the

* Mr. Earle has since published the case in the Nov. Number of the Medical and Physical Journal, to which we refer.—*Ed.*

gut, and projecting into the colon, in the manner the uterus does into the vagina, might be seen a body about two inches in length, having an aperture in its middle, which appeared to be an involvulus. Mr. Earle's finger readily passed backward along the colon, through the external ring, but he was unable to push his finger in the direction towards the stomach, on account of some thickened folds of the mucous membrane.

The patient was removed from the operation table with a pallid countenance, very feeble pulse, and cold skin. He was directed to take thirty drops of laudanum immediately, in a little peppermint water, and to have a tea-spoonful of warm wine frequently administered. An injection of warm water, passed up the rectum, flowed through the artificial anus. A piece of wash leather was put upon the wound.

*Oct. 5th.*—Eight o'clock, A.M.; slight reaction has taken place, and he has not vomited since the operation; but no fæces have passed, either by the rectum or groin; some flatus is now and then extricated, previous to which he complains of griping pain in his belly. 10 o'clock, P.M. No fæces have yet passed, and the vital powers continue very much depressed; there is still tenderness of the belly on pressure; the pulse is somewhat better, and the heat greater than this morning; let him have another anodyne draught, and continue the wine.

*6th.*—During the night he has evacuated, through the artificial anus, a great quantity of feculent matter, and we find him much improved; he has very little pain; his countenance is less anxious; his pulse better, and his skin becoming warm. Let oiled silk be put so as to prevent the discharged matter from excoriating his thighs, and let him take warm broths, sago, and arrow-root, ad libitum; the sister was directed to gradually increase the dose of laudanum every night, and to give him four ounces of wine per diem.

*7th.*—He is much better this morning. His belly is soft and free from pain, and the fæces continue to be discharged at the groin. A layer of lymph has been thrown out on the surface of the peritoneal coat of the bowels, glueing them together and appearing organized. The edges of the wound are suppurating, and at the lower part of the scrotum, there is a small slough.

*8th.*—Has not altered since yesterday.

*9th.*—Fæces are profusely discharged at the groin. He complains of no pain; takes his farinaceous food and wine well; but the laudanum does not procure him sleep. The surfaces of the intestines are now covered by healthy granulations. Let the wash leather be removed, and simple dressing applied to the parts instead.

*10th.*—He is not quite so well; complains of head-ache and great depression; his tongue is furred and white, and the pulse more rapid.

*11th.*—He still passes his fæces.

*12th.*—He had a restless night; and, the sister says, has been delirious; has no pain, but great oppression and anxiety; passed a stool, through the artificial anus, to-day.

*13th.*—He is worse still; has been very restless; hiccups; the tongue is white, with a brown fur, and the temperature of his body considerably

reduced; pulse quick and tremulous; let him have a pint of wine and four ounces of brandy, during the day, and fifty drops of laudanum at bed-time; he may take eggs, sago, cream tart., &c.

14*th.*—His face has a pinched and contracted appearance; he hiccups; has a brown tongue; subsultus tendinum; cold extremities, and exceedingly weak pulse; his dissolution is fast approaching; he has passed no fæces since yesterday morning; an injection of warm water was thrown up the artificial anus by an elastic gum syringe, but no fæces returned with it; give him the stimulants and laudanum, as before.

15*th.*—He has been convulsed during the night; the pulse is imperceptible, and the skin cold; no fæces have passed; he died at 7 o'clock this evening.

POST MORTEM EXAMINATION.

The body was inspected sixteen hours after death; and, on laying open the abdomen, the bowels exhibited marks of inflammation; red lines might be traced, running along their surfaces, and small patches of lymph were here and there effused; some serum, tinged with blood, had been thrown into the peritoneal cavity, but neither the lymph nor serum was abundant. It is remarkable, that, in this instance, the inflammation was not confined to that portion of the intestinal canal, above the hernia, that is, nearer the stomach than the supposed seat of strangulation; it extended along the transverse and descending arches of the colon; the cæcum, parts of the colon and ileum formed the hernia; they were matted together by lymph, which had been organized and connected into granulations. They were adherent to the sac, and the sac to the surrounding parts, particularly to the external abdominal ring.

There was no obstruction of the intestine behind or nearer the anus than the seat of the incision made by Mr. Earle; and, as we before said, this part partook equally of the inflammation. Mr. Earle expressed his doubts as to whether the part which he had considered an introsuscepted piece of ileum, was so or not. He thought that the ileo-cœcal valve might have been so elongated and diseased, as to have put on the appearance of an introsusception. If it were an introsusception, it must have been of long standing, for such perfect adhesion between the foldings of the peritoneal coats to have taken place. The finger passed, with some difficulty, through the aperture in its middle, into the ileum; the coats of which were here thickened. Behind the hernial tumour, but totally unconnected with it, and apparently arising from the cellular texture of the scrotum, was a tumour, about the size of a very large pear. In structure it appeared to consist of strong bands of ligamentous fibres, intersecting each other, with fat deposited in the interstices. It did not partake of the character of any well-known tumour, which, no doubt, caused Mr. Earle to dignify it with the designation of "rudis indigestaque moles." This tumour mainly contributed to the bulk of the scrotum. The testicle and cord were perfectly healthy, and situated behind this tumour. Mr. Earle thinks, that the tumour, pressing upon the inflamed protruded bowel, might have caused strangulation. But, as no strangulation was ever proved to exist—nay, as we have the demonstra-

tive evidence that fæces passed without any stricture being divided, and as the inflammation was diffused over the whole extent of the intestinal canal, contrary to what is always observed in those cases where there is strangulation, we are inclined to attribute the urgent symptoms to an inflamed state of the protruded intestine which formed the hernia, and the relief which the operation afforded, to the syncope produced, which would have, as is well known, the effect of a full bleeding.—*Dissector.*

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### 21. ANEURISM, FALSE, OF THE HEART.

[Dr. Elliotson. St. Thomas's Hospital.]

After our analysis of M. Breschet's Memoir on this curious subject *(see page 151 et seq. of this Number)* had gone to press, we were favoured by Dr. Elliotson and Mr. Alcock, with the examination of a preparation exhibiting a beautiful specimen of this rare disease.

The subject of it (James Keely, a cork-cutter) was admitted into St. Thomas's Hospital, under Dr. Elliotson, on the 2d of March, 1826. He was 32 years of age, and he complained of palpitation of the heart, especially on moving or lying down in bed—inability to lie on either side—starting from sleep—constant dyspnœa and cough, with a little mucous expectoration. He was pallid—pulse regular, but very weak. He had discharged large quantities of tape-worm by means of oil of turpentine; and he had, for many years, suffered severely from rheumatism, of which he complained at the time of his admission. He appeared to be of a remarkably quiet and placid disposition, and affirmed that his habits had always been temperate and regular.

"On applying the stethoscope, (Dr. Elliotson's note of the case) the action of the heart was found to be strong and noisy on the *right* side, both high and low down—and much less so, perhaps not more than natural, on the *left* side. I considered that the disease was in the right ventricle."

In two months, the patient was much better—had less palpitation and dyspnœa—and could lie on either side. He, also, felt stronger, and no noise could now be heard in the *right* side of the heart; but there was considerable noise in the upper part of the *left* side, and force (propulsion) in the lower part of the same. The case was very puzzling, and no determined diagnosis could be formed. The patient's dyspnœa gradually increased after this, and he died on the 15th May.

On dissection, there was seen a pouch, rising from the *left* ventricle, and extending over the right, so that the front of the latter (right ventricle) appeared to have a tumour growing on it, when the pericardium was laid open. "Would this account (says Dr. E.) for the symptoms once indicating (to me, at least) disease of the right side of the heart?"

We do not believe there are, at present, any certain diagnostic symptoms of this dangerous and fatal disease. There is reason to think, that the position of the aneurismal pouch may make a great difference in the symptoms during life. In General Kyd's case, where the pouch arose

near the base of the ventricle, and presented layer after layer of condensed fibrine, no apparent derangement of the heart's function occurred till the apex of the pouch gave way and caused instant death. In general, however, the aneurism rises from the apex of the ventricle, and, in the majority of the cases on record, palpitation and dyspnœa were complained of during life.

Those who are curious to inspect a fine example of this rare disease, will have an opportunity of gratifying their curiosity by applying to Dr. Elliotson or Mr. Alcock, who, we are sure, will be happy to submit the above specimen for examination.

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### 22. FATAL ŒDEMA OF THE GLOTTIS.

[Dr. Bright. Guy's Hospital.]

Leonard Evans, of remarkably stout frame, had enjoyed good health till about two years ago, when he had syphilis, which was completely cured. He had lately been subjected to sudden atmospheric vicissitudes, being a journeyman currier, in which occupation he was exposed to cold when the body was heated and perspiring. His habits had been regular and sober. Ten days before admission, he had been employed in washing skins, and got wet in his feet. The same evening, he perceived his legs swelling, and this swelling increased and spread till general anasarca was established. In this condition, he entered Guy's Hospital, on the 15th November. His urine was very scanty. Elaterium was prescribed. 18*th.* The swellings rather diminished, and a grain of elaterium was continued twice a day. 19*th.* There was a dark brown tinge in his urine, which *coagulates by heat.* Elaterium—jalap and cream of tartar. 21*st.* The anasarca a good deal reduced—makes six or eight pints of urine per diem, of a high brandy colour, which does *not* coagulate. *Dec.* 1. Complains of pain under his jaw; but the œdematous swellings are nearly gone. The urine is only four pints per diem, coagulates, and contains much blood. Bled to ℥x. This was repeated on the 2*d*, and half a grain of tartarized antimony, with two grains of opium, were given daily. 3*d.* Complains of sore throat; but he is walking about the ward, and appears much better. An ammoniated liniment to the throat. 4*th.* The throat relieved. 5*th.* He seemed much better all yesterday, and slept soundly during the night. This morning, at 7 o'clock, he suddenly complained of great difficulty of swallowing and breathing, with severe sense of constriction in his throat and chest. Fourteen ounces of blood were taken from the arm, and sixteen leeches were applied to the throat and chest. An emetic was administered. But all was unavailing, and, at 11 o'clock of the same day, he expired.

*Dissection.* No anasarca—lungs rather gorged with blood, but otherwise healthy in structure. Heart and pericardium sound. Four ounces of fluid in each side of the chest. There was nothing very remarkable in any of the viscera, except the kidneys, which presented a very curious appearance. They were large and flabby, of the darkest chocolate

colour, interspersed with a few white points, and a great number of black, with a tinge of red—the whole having the appearance of polished fine-grained porphyry, or green stone. These colours pervaded the whole of the cortical substance of the kidney; but the natural striated appearance was not lost. From the left kidney, when cut through, a large quantity of blood oozed out, shewing an unusual accumulation in the organ. These appearances are represented in the fifth plate of Dr. Bright's great work.

The epiglottis was next examined, and this was found to be greatly thickened by an œdematous effusion beneath the membrane on its upper side. "It was bent into the form of a pent-house, with a sharp angle." The lower surface was also thickened, and presented a doubtful appearance of superficial ulceration. When the epiglottis was cut into, a considerable quantity of serous fluid oozed out, and the glottis itself was much contracted. Dr. B. properly observes, that there could be no doubt that the patient died of suffocation, from inflammation and consequent œdema of the glottis and epiglottis. This we believe—and surely the case was precisely one where bronchotomy would have saved the life of the patient—at least for that time. Here, then, was an instance where the physician should have explained to the surgeon the state of the case, and strongly urged the operation. If the surgeon refused, and the dissection proved the physician right in his diagnosis, what would become of the surgeon? We doubt whether he would not be amenable to the laws of his country, if prosecuted for ignorance of his profession. This case shews that the education of the surgeon should be the same as that of the physician, and, consequently, that he should be as competent to ascertain the state of an internal malady as his medical coadjutor. In fact, we conceive that the physician also should be perfectly competent to perform operations himself in cases of emergency. If Mr. Key, or any other surgeon, had been called in by Dr. Bright, and shewn the above case—and if, from punctilio, or from conceiving that he was not doing justice to his own part of the profession, by acting under a physician, he refused to perform tracheotomy—then, we say, the physician should have done it at his own risk and responsibility, rather than suffer a fellow-creature to be suffocated, This, then, is one of the evils of separating the study of the profession into distinct branches.

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### 23. FRACTURE AND DEPRESSION OF THE FIRST DORSAL VERTEBRA.

[Guy's Hospital.]

A labourer, 30 years of age, was admitted, on the first October, under Mr. Bransby Cooper, with paralysis of the inferior half of the body. He had fallen from a ladder, with a "hod" on his back, and against which his spine struck when he reached the ground. He was taken up insensible, and, when received into hospital, was in that state of collapse which often succeeds severe injuries. On examination, a depression was discovered about the last cervical or first dorsal vertebra, without

any wound. He is now sensible, and answers questions rationally. The functions of all parts receiving nerves from the spine, *above* the injury, are undisturbed, and *vice versa*. The breathing is almost solely carried on by the diaphragm, as the chest remains dilated, in consequence of the loss of power in the abdominal muscles, while the inspiratory muscles are unparalyzed. He has feeling as low as the third rib. To be cupped (re-action having taken place) to 20 ounces—ten grains of calomel—bladder to be emptied by the catheter occasionally. *2d Oct.* Much in the same state: has had no stool—cannot void his water. To be bled from the arm—enemata—catheterism *every* 12 *hours*. *3d. In statu quo.* Blood not inflamed. No action in the bowels. *4th.* The same—bowels still inactive—enema. *5th.* Bowels cleared of a large quantity of fæcal matters—no alteration for the better. Mr. Cooper and his dressers are said to have declared several times, that there was no depression of the spinous processes. *8th.* Extensive sloughs were observed on the nates. Of this, the patient was not, of course, sensible. The patient exhibited little difference in his symptoms till the 14th October, when his urine was observed, for the first time, to be ammoniacal. On the 16th, the ammoniacal odour was much stronger—and the fatal event was evidently approaching, as the sloughs were spreading, and the various functions becoming more interrupted. He died on the 21st Oct.

*Dissection.* The subject being placed on the table, the spine was again examined. The dissector's reporter, and Dr. Hodgkin, declared there was a depression—Mr. Cooper and dressers maintained their original opinion. The membranes of the spinal marrow were more vascular than natural, and rendered tense by a quantity of serous effusion underneath. Opposite the depression, (which was found in the place above-mentioned) the membranes were lacerated, and the medulla itself completely pressed out, forming a knob, adherent to the upper portion of the thus divided spinal column. This upper portion was reddened and softened for a space of two inches from the laceration. The lower portion was not so red, but much softer—especially the posterior column, in the centre of which was a brownish disorganized matter. The body of the vertebra was fractured, and slightly displaced. The articulating processes were overlooked; but it is concluded that they were fractured. One of the lungs was inflamed and œdematous. There was nothing particular in the abdomen. The coats of the bladder were slightly thickened, and the mucous membrane, at the most depending part, "was elevated in fungoid granulations, of a dark colour; and, on their surface, small ulcers might be detected." There were also some small ulcerations near the caput gallinaginis.—Dissector.

*Remarks.* The above case is interesting in several points of view. In the *first* place, it appears to have been a case where the spinal column was completely destroyed at the part where the fracture existed; and yet the patient lived 21 days—dying, at last, as much (or probably more) from the sphacelation on the nates, as the division of the spinal marrow. In the *second* place, it is rather unusual that the ammoniacal

character of the urine should not have appeared till the 14th day after such an injury to the spine, and consequent paralysis of the bladder. We suspect there was some mistake here. In the *third* place, considering that the coats of the bladder almost always sustain injury from this ammoniacal urine, should not the urine be drawn off at shorter intervals than 12 hours? Would it not be better to leave a *gum catheter* in the bladder? We know, indeed, that, in many of these cases, the urine is ammoniacal from the moment it is secreted in the kidneys; but this makes a still stronger argument for the frequent removal of the fluid, than if the change took place by mere remora in the bladder. In the *fourth* place, we think it was hardly worth the reporter's while to make so much to do about the existence or non-existence of the disputed depression in the line of the vertebræ. If the depression was so equivocal as to be denied by the surgeon and his dressers, no particular line of practice, as to an operation, was at all to be grounded on it. Where there was any suspicion of local injury, then local depletion was indicated—and this appears to have been practised. While we advocate freedom of speech and of opinion on all matters of medical science, we should be sorry to see the bad example of the LANCET's reporters followed by those of any other journal.

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### 24. DISEASES OF THE ENCEPHALON.

[M. Raikem. Hôpital de Voltera.]

The organ of intellect—the seat of the soul—the principal centre of the nervous system—the source of sensation, reflexion, and volition—is surely a part of our corporeal fabric, the diseases of which must excite the highest interest in the mind of the medical practitioner. Medical *politics* may engross attention, for a short time, but the *practice* of our profession will prove the topic of most permanent interest in the long run. We do not, therefore, deem it necessary to make any apology for entering on the analysis of a long and important train of observations on diseases of the encephalon, chiefly drawn from the clinical wards of the HÔPITAL ST. ANTOINE, while the author was an élève interne of that institution, matured, however, by subsequent reflexion and hospital practice. The first part of this Memoir, and not the least valuable, is a minute detail of 27 cases, with the appearances on dissection; which cases form, of course, the basis of the pathological, diagnostic, and therapeutic deductions. We can only select from these cases a few of the more interesting specimens, and then proceed to an analysis of particular symptoms.

*Case* 1. A widow-woman, aged 44, was received into the HÔP. ST. ANTOINE, on the 18th October. At the beginning of the month, she became affected with erysipelas of the left leg, to which some empyrical wash was applied, and the erysipelas disappeared in three or four days. But now she was seized with fever, dyspnœa, sanguineous expectoration, and pains in both sides of the chest, which symptoms had

continued six days, when she arrived in the hospital. She had then intense head-ache—flushed face—loaded tongue—thirst—pain and tenderness of the abdomen—diarrhœa—quick breathing, thoracic oppression, and frequent cough, with expectoration, containing vermillion blood. The chest sounded well posteriorly; but she could ill bear percussion on the left side and in front. Venesection to 10 ounces—blister to the original seat of the erysipelas—diluents. *7th day.* Expectoration easier, and the symptoms mitigated; but, towards mid-day, a strong exacerbation, which gained its acmé about four o'clock, when V. S. was repeated to 16 ounces, the blood issuing from the vein with astonishing impetuosity. *8th day.* Somewhat better. *9th day.* Complained of fixed pain under the ensiform cartilage, increased by coughing and by pressure. Numerous leeches. At mid-day, a violent exacerbation. In the night, the *right* side of the body became paralyzed, as to motility, but not as to sensibility—no distortion of the mouth—partial power of speech—breathing deep—cessation of the cough—pulse hard and frequent. Phlebotomy to 20 ounces. In the evening, there was some stertor—constipation—involuntary discharge of urine—difficult deglutition—pupils contracted. There is no report till the 19th day, when the organs of sense were somewhat more susceptible of impressions. She was thus bled again; but in the evening she was found comatose, and died that night.

*Dissection.* The sinuses and veins of the dura mater were nearly empty of blood, as were the cerebral veins generally—no extravasation at the base of the skull—*capillaries* of the pia mater injected. In the left hemisphere, when carefully sliced, were found several portions of brain, distinctly circumscribed, which were softened, discoloured, and, in some places, almost diffluent. In the centres of some of these portions was found a matter resembling pus, or honey. In the left ventricle was some serous effusion, and the parietes of this cavity were strongly injected. There was no other phenomenon of importance in the brain, except that the petrous portions of the temporal bone, on both sides, were found of a vivid red colour, and perforated by numerous little holes, so as to resemble the spongy part of the long bones.

In the chest, there were some marks of inflammation—some portions of lung hepatized or gorged—the mucous membrane of the bronchia of a vivid red colour, and the ultimate ramifications filled with a bloody fluid. There was nothing particular in the abdominal viscera.

*Case* 2. A young girl of 11 or 12 years of age, was received into the hospital, in the beginning of September, affected with muco-enteric fever, which, in a few days, put on a bad character, presenting the phenomena of delirium, loquacity, involuntary dejections, irregular breathing, small and unequal pulse, &c. Camphor, stimulants, blisters, &c. were employed. (This was in 1809.) About the 21st day, somnolency, passing into coma, took place, with dilatation of the pupils, paralysis of the right side, abolition of speech, involuntary stools, &c. During the whole of October, the patient continued in the following

condition. She could see and hear, but appeared to receive few impressions through the medium of the other senses. She had no intellectual aberration, and manifested her wants and wishes by signs, being unable to articulate. She was disposed to somnolency, but had no coma. The pupil of the right eye was much more dilated than that of the left. There was some slight motility in the members of the right side—skin arid—pulse tumultuous and feeble—stools involuntary—rapid emaciation. This wretched state of existence was prolonged till the 6th of November.

*Dissection.* In the anterior and superior part of the left hemisphere of the brain was found a cyst, containing several ounces of sanious and purulent fluid. This cyst was from twenty to twenty-four lines in diameter, and its parietes were composed of two distinct sheets or lamina, a line in thickness, the inner one resembling a false membrane, and the outer having the appearance of a serous tissue. The surrounding cerebral substance was softened, and reduced to a pultaceous consistence. There were three or four ounces of serous fluid in that ventricle. The opposite hemisphere was sound. There was no disease in the thoracic or abdominal viscera.

*Case* 3. A female, aged 45 years, the mother of several children, had laboured, for 14 months, under excruciating pain of the whole head, exasperated, however, at irregular periods of the day and night. Various remedies had been employed, without the least effect. When admitted into the hospital, she was of a pale and yellowish complexion —all the senses undisturbed—disposition melancholy and morose—digestive organs deranged—respiration free—pulse weak—no febrile symptoms. She had some slight convulsive movements, from time to time, in her upper and lower extremities, with momentary loss of sense. She wasted, but lingered thirteen months in the hospital, still suffering from this dreadful cephalalgia.

*Dissection.* Each lateral ventricle contained two or three ounces of limpid serum. From the lateral part, on the right side of the medulla oblongata, arose a vascular kind of tumour, which spread up along the outside of the cerebellum, to which it adhered. In the centre of the right lobe of the cerebellum was a small cyst, filled with limpid serum, and having parietes composed of a thin, transparent membrane. The gall-bladder was entirely filled with calculi, and did not contain one drop of bile. There was no other disease in the body.

Twenty-four other cases are related, all shewing organic diseases of various kinds in the brain; but our limits will not permit us to analyse them. We shall, therefore, proceed to the second part of the Memoir, containing some important diagnostic observations.

Every practitioner is aware of the difficulty of ascertaining, not only the different kinds of organic disease within the cranium, but whether there be any organic disease at all. We cannot examine the brain by auscultation, as we can the viscera of the chest—nor by pressure, as we can the abdominal viscera. A solid wall of bone is placed between us

and the seat of disease or disorder, and the external phenomena by which we are to be guided in our diagnosis, are exceedingly difficult to appreciate and estimate according to their real value. Although experience will not permit us to go so far as HIPPOCRATES, who says—"*Medicus sufficiens ad morbum cognoscendum sufficit etiam ad curandum;*" yet it must be allowed by all, that it is of great use to ascertain the nature of a disease, even when that knowledge convinces us that the disease is entirely beyond the reach of art. What confidence can be placed in medicine or in men, when we every day see the most fatal organic diseases pronounced as functional disorders, and their cure undertaken with the most sanguine expectations on the part of both patient and practitioner? While writing these very lines a gentleman presented himself, who was said to be labouring under *liver complaint* by one eminent physician—asthma by another—angina pectoris by a third—dyspepsia by a fourth—and hypochondriasis by several! He had carefully preserved all his prescriptions—and they would nearly make a quarto volume of curious specimens of poly-pharmacy, as our Gallic neighbours would call them. On stripping the chest, the heart was seen pulsating on the right side, and no respiratory sound could be heard in any part of the left side, except very high up towards the axilla, and at the upper part of the back, near the spine. What it was that filled up all the lower portion of the left side, we could not tell. It did not appear to be a fluid. But this we could aver, that the disease was neither hepatitis, asthma, angina pectoris, dyspepsia, nor hypochondriasis—nor did we advise the patient to swallow prescriptions for any of these complaints. It was nothing more than common honesty to tell this unfortunate man to go home—keep himself quiet—live abstemiously—attend to his bowels—and trust to GOD, since active remedies would be more likely to do harm than good. It is not likely, indeed, that he will follow our advice, for he will find many who, without taking the trouble to do more than listen to the catalogue of his symptoms, will be very ready to add a few more pages to the quarto volume of prescriptions. In this conduct we acknowledge that we did not act with worldly wisdom—for, contrary to the old maxim—honesty is *not always* the best policy—at least in these days.

But to return to the brain. We are not quite so certain as Dr. Raikem appears to be, that "*le flambeau de l'anatomie pathologique repand chaque jour la plus brillante et la plus féconde lumière sur toutes les branches de la medecine.*" The torch of the sepulchre (or, in other words, of morbid anatomy) throws every day a light on our *errors* of diagnosis—and, every day, in our opinion, reduces what have been considered as certainties, to *uncertainties!* Is this a disadvantage? No. It is better to be aware of our ignorance—than to be ignorant and think ourselves possessed of knowledge.

### CEPHALALGIA.

This is one of the most common precursory or concomitant symptoms of cephalitis—or, if you will, *softening* of the brain. But in three

of the cases detailed by our author, there was no head-ache, although, in one instance, the anterior lobe of one hemisphere was a complete mass of suppuration—in another, there was a cavity in one of the lobes, with great surrounding softening—and, in a third, there were numerous unequivocal marks of intense phlogosis in various parts of the brain and its membranes. Neither is this head-ache, when it does exist, always referred to the side of the brain where the inflammation is seated. Saxonia saw a woman, who suffered from a dreadful hemecrania of the *right* side, for a long time. When she was examined after death, there was found an abscess in the *left* hemisphere of the brain. Valsalva, Morgagni, and hundreds of others, report similar observations. Our author is unable to account for these anomalies in respect to cephalalgia.

### DELIRIUM.

Is this phenomenon sometimes independent of arachnitis—and produced by inflammation of the cerebral substance itself? Our author answers in the affirmative, and states some cases and dissections, where there was violent *delirium*, but where, on examination, the brain was found inflamed and softened—the membranes unaffected. On the other hand, there are many cases on record where there was unequivocal inflammation of the arachnoid or pia mater, unaccompanied by delirium. Many cases are cited by our author from Morgagni and modern pathologists in support of this last position. These are exceptions to general rules, which it is proper to bear in mind, even in a therapeutical point of view—since we see that the absence of cephalalgia and delirium is no proof of the absence of inflammation in the brain or its envelopes.

### PARALYSIS IN THE SIDE OPPOSITE TO THAT OF THE CEREBRAL LESION.

Paralysis, and other cerebral symptoms which usually accompany inflammation or softening of the encephalon, do not always come on slowly and by degrees; but occasionally strike the patient as suddenly and violently as an apoplexy. Of this several instances are related by the author himself. Paralysis, however, in his experience, is not so frequent an attendant on encephalitis as it is generally represented to be. Of this exception, instances are given from Burserius and many modern authors, as well as from his own practice. But the wonder is, that, in numerous cases of suppuration in the brain, where cysts full of matter are found in the hemispheres, and, consequently, where there must have been inflammation preceding suppuration and softening of the brain, we shall yet find no symptom of paralysis—no disturbance of the intellectual functions. Speaking generally, however, it is when chronic inflammation has worked these changes in the encephalon, that the symptoms are obscure, or even pass unobserved. It is the same with all other organs in the body. They may be *slowly* disorganized with few of the phenomena presented by acute diseases of the same parts.

RIGIDITY OR CONTRACTION OF THE PARALYSED MEMBERS.

More than 20 years ago M. Recamier declared, in his clinical lectures, that this phenomenon depended on softening or inflammation of the encephalon. It generally does so; but this, like all other morbid phenomena, is not constant or without exceptions.

*Case.* A woman, aged about 50 years, presenting considerable embonpoint, with large head, short neck, and subject, for some time previously, to giddiness, fell suddenly down, deprived of sense and motion, and breathing stertorously. In this state she was carried to the Hôpital Saint-Antoine, in September. Her face was red and purple—eyes fixed—pupils contracted and immoveable—abolition of all motion of the *left* side, but sensation appeared to be preserved over the whole surface of the body. The left arm was paralysed, but, at the same time, *rigid.* The breathing was still stertorous, the pulse hard, full, and strong—skin burning and dry. Blood was taken from the jugular vein to the extent of 16 or 20 ounces, and sixteen leeches were applied to the neck. Lavements, &c. &c. She lingered out till the sixth day from the attack, and then expired.

*Dissection.* The vessels of the pia mater were gorged with blood. The surface of the *right* hemisphere was bulged out, and its convolutions flattened by pressure against the internal surface of the skull. In this hemisphere was found a clot of blood to the amount of two or three ounces, part of which had made its way into the ventricle of that side. The portion of brain surrounding the clot was reddened, softened, pultaceous, and lacerated in several places. The other lateral ventricle contained an ounce or two of sanguinolent serum, and there was some water at the base of the skull and in the spinal canal. The mucous membrane of the stomach was intensely red.

The above and other cases stated by our author prove that *rigidity* of the paralytic members may sometimes be seen in apoplexy—and that this rigidity is far from being constant in encephalitis, or in softening of the brain.

STATE OF THE PUPILS.

According to this author's observations the pupils, during the first period of hydrocephalus acutus, (consisting of inflammation of the membranes and sometimes of the brain itself,) are in a state of oscillation from dilatation to contraction, in consequence of inordinate sensibility; but when effusion has once taken place, the permanent dilatation and insensibility of the pupils may be generally observed. But it must be confessed, that there is the greatest uncertainty in this diagnostic symptom, and that no great dependence can be placed in the appearance of the pupils.

We must refer our readers to the third number of our cotemporary, the Repertoire, for further particulars of this lengthy investigation of M. Raikem. We have endeavoured to pick out from it those facts and observations which appeared to us most interesting in a practical point of view. The various diseased conditions of the brain and its

membranes are often so obscure, and are so frequently unaccompanied by regular and appropriate symptoms, that we almost despair of their being reduced to any satisfactory system of pathology in the present state of our knowledge.

### 25. REMARKABLE DISEASE OF THE EPIPLOON.

The following melancholy case is recorded by Dr. Strambio, in an Italian journal, *(Annali di Med.)* with the appearances on dissection.

A young woman, 18 years of age, after enjoying herself at a carnival ball, began to complain of pains in the right side of the abdomen, which increased in size, and led to the suspicion that she was pregnant. Various medicines were ineffectually administered, and when M. Strambio was consulted, the patient presented the following phenomena:—face pale—pulse hard and frequent—skin burning hot—vomiting when food was taken into the stomach—abdomen large, but more so in the right than in the left side. On examination, several indolent tumours were felt, which were not painful unless strongly pressed. The left mamma was shrunk, and the right more enlarged than natural, as well as hard. There was supposed to be inflammation of the stomach, and depletion was practised, locally and generally, with fomentations, &c. It was found that a tumour pressed on the rectum, and prevented the introduction of a pipe, or the finger. All the symptoms increased in severity, and hydrothorax supervened, with infiltration of the left lower extremity. Death soon took place.

On dissection, a large effusion was found in the chest and also in the pericardium. The omentum, detached from the viscera to which it naturally adheres, was degenerated into an elastic substance, resembling brain rather than fat, occupying the whole of the abdomen, and disposed into masses of various sizes, connected by prolongations of the original omentum or membranous strips. The left kidney, the spleen, the abdominal aorta, the rectum, the ovaries, and the uterus, were involved in this morbid mass. The other organs were unaltered. The disease was considered to be caused by a chronic phlegmasia of the epiploon, excited by a fall which the young woman had experienced about a year before her death.

### 26. PURULENT OPHTHALMIA.

In our last number we mentioned that Dr. Varlez, of Brussels, had used the chloruret of oxide of calcium with great success in purulent ophthalmia. It appears by a letter from Mr. Guthrie, in the November number of the Medical and Physical Journal, that the latter gentleman has lately tested the chloruret at the Eye Infirmary, and three cases are detailed in illustration. Mr. Guthrie first employs copious venesection, and then applies the solution of the chloruret, (as made by Garden, in Oxford Street,) three times a day, by means of a brush, keeping the eyes covered afterwards with cloths wet with cold water. Purgation, with calomel, salts, &c. is also steadily employed. Mr. Guthrie seems to acknowledge the utility of this application as an auxiliary to depletion, sanguineous and intestinal.

# Quarterly Periscope,

## PART II.

(GENERAL REVIEW OF PERIODICALS.)

1. RHEUMATISM—SPINITIS.

M. DE M. aged about 50 years, had enjoyed good health till his 48th year, with the exception of a gonorrhœa, followed by a stricture of the urethra. He had never been addicted to intemperance of any kind, though he was fond of good living and the enjoyments of convivial society. Eighteen months before the date of report, he became affected with an intermittent fever, which continued some months, in spite of every treatment, and then disappeared, leaving him rather debilitated.

A second time he was seized with intermittent fever, which resisted the usual means, and Dr. Potain was called in. The fever gave way to leeching the anus, and afterwards the administration of quinine and opium. At this time, he complained of the difficulty in making water, but did not take any remedial measures for that affection. In the Summer of 1825, this gentleman was again attacked by the intermittent, which soon gave way to the measures above-mentioned. Two months afterwards, he was suddenly seized with extreme dysuria. Leeches to the perineum—warm baths—lavements—diluents. The dysuria persisted—a catheter was tried to be introduced, but in vain, as the urethra was too irritable. By the soothing means above described, some water was made to pass, and, after a few days, a consultation was had, and the catheter again tried, but the stricture could not be passed. He now repaired to Paris, and was under the care of Dubois and Segalas. The latter applied the caustic bougie, and re-established the current of urine. The patient returned to St. Germain, (the place of his residence) where he was soon afterwards seized with rheumatic pains in the upper part of his back, shoulders, and arms. These pains were disregarded for a week, but then became so acute, that he could bear them no longer. Dr. P. visited him, and found him suffering severely, but without any fever. Thirty leeches were applied to the shoulders, succeeded by emollient cataplasms. He was put upon milk and vegetable diet. No relief followed these measures. Two vapour-baths were taken daily for five days, and although they were followed by profuse perspiration, they produced no mitigation of the pains. Every afternoon there was an exasperation of these pains, attended with fever, and preceded by some chilliness. These phenomena led to the quinine and opium once more, but they failed to arrest the disease. Twenty-five leeches were then applied every day for five days, followed by cupping-glasses over the bites. After the third day, the pains ceased entirely in the arms and shoulders, and were considerably diminished in the spine and neck. It was now discovered that, with the exception of the fingers, the upper extremities were paralyzed. Two or three days after this, there was experienced some difficulty in walking, and Dr. P. fearing that the paralysis would become general, applied a large blister to the spine, and demanded a consultation. The latter was held, and the physician called in, *openly, before the patient, blamed the measures that had been pursued,** and prescribed tonics and nourishing diet.

* It is hardly necessary to express our utter detestation of such a diabolical proceeding as the above. If the consulting physician was certain that the preceding measures were entirely wrong, or even

Dr. P. objected to the former, but acquiesced in the latter. This new consultant attributed the gentleman's complaint to "*un vice vénérien*," although he had not been in the way of any poison of this kind for ten or fifteen years! M. Potain thought, on the contrary, that there was some inflammation about the spinal cord, and that, consequently, the patient's life was in jeopardy. This opinion was not at all participated by his colleague, and the patient determined to put his trust in the latter. M. P. therefore, withdrew. Six days afterwards, M. P. was summoned to meet in consultation, to which were added M. Segalas and M. Dupont. The patient was found incapable of moving himself in bed. The pulse was quick, but the skin was not hot—evacuations could only be procured by injections—and the urine, which contained puriform matters, was obliged to be drawn off by the catheter. In fact, the poor patient was in a state of almost complete paralysis. Messrs. Segalas and Dupont coincided with M. Potain in opinion, and the *liberal consultant* above-mentioned could only be envied, we think, by a man marching solemnly to the new drop. All the measures proposed were resolutely resisted by the *liberal* doctor, and, in 24 more hours, the scene closed.

*Dissection.* At this disagreeable part of the business, the LIBERAL did not attend. M. Dupont, however, was witness to the dissection. The spinal column was laid open throughout. From the fifth cervical to the eleventh dorsal vertebra, the membranes of the spinal canal were seen to be intensely inflamed, and covered with a sanguinolent effusion. The membranes were also thickened. The spinal marrow itself was similarly inflamed, and for a similar space. It was also softened in consistence. The time occupied by this tedious dissection prevented an examination of the other parts of the body, as the priests now broke in, and immediately removed the corpse.—REVUE MEDICALE.

*Remarks.* Two of the members of the Royal Academy of Medicine were ordered to report upon this curious and melancholy case, and the said reporters have learnedly discussed the question, whether the spinal inflammation was owing to the repeated attacks of intermittent fever, or to the rheumatism. They decided that it was to the latter, this phlogosis of the medulla spinalis and its membranes was to be attributed. For our own parts, we do not see any decided proof that either of these maladies was the primary cause of the fatal inflammation above-mentioned; but, of the two, we should be inclined to take the intermittent as the most probable cause. This is the opinion of the original writer of the case, M. Potain. We were not a little surprised to find that no notice was taken by the Academy of the flagrant violation of medical etiquette and common ethics, committed by the second consultant in this case. It was an essential and important part of their duty to animadvert, in the strongest terms of reprehension, on his conduct. Indeed, it is a great pity that there is not some honorable tribunal to appeal to on such occasions. If our colleges and corporate bodies looked to any thing but their own private interests, they would take especial cognizance of all breaches of medical decorum and propriety in the classes of medical society over which they preside—or pretend to preside. But this seems to be no concern of the DIPLOMATIC Corps. A formal, and often an imperfect examination of the candidate, is all the *trouble* they take—the other part of the ceremony, the reception of the fee, is quite a *pleasure*. The PRESS, however, will probably rouse them from their halcyon slumbers—and the rising gale of public opinion may, perchance, so shake the fig-trees under which they placidly repose, as to disturb their—

"Golden visions and romantic dreams."

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detrimental, he had no right to allow his sentiments to become known in any manner to the patient or friends, unless the first practitioner obstinately refused to hearken to his suggestions.

2. HYPOCHONDRIASIS CURED BY AGUE.

The subject of this curious complaint was a gentleman, 55 years of age, meagre, nervous, and endowed with great sensibility of the digestive organs, (doué d'une vive sensibilité des organs digestifs,) which sensibility was less in cold, and greater

in warm weather. In the hot season of the year, he was teased with sense of distention in the stomach and bowels, loss of appetite, and tedious difficult digestion. As the Winter approached, these symptoms diminished. He was fond of hunting, and pursued this exercise both in Summer and Winter. He had been subject to the above symptoms for some years previous to the date of report; but they had considerably yielded to time and very trifling means, when, during the Lent of 1824, he determined to live in the most rigid forms of that religious fast, subsisting chiefly on fruit and vegetables. At this time, also, he met with some moral afflictions, and the consequence of both these causes was a state of sombre and morose melancholy. He shunned society —became possessed of the most triste ideas—passed his nights without sleep, or in frightful and troubled dreams. In this state he was, as usual, advised to cheer up—enter into society—and make himself happy—things easily said, but not so easily done! In short, this gentleman became completely hypochondriacal. In July, 1825, he consulted M. Bonnardiere, his *morale* being considerably improved, but the *physique* in a very depressed condition. The digestive functions were greatly impaired—he had pain and weakness in his ankles and wrists, with various other unaccountable ailings. M. B. now administered the cinchona in powder, by which medicine the appetite was restored, and the mind greatly relieved. He entered into society, and began to partake of his usual active exercises. In one of these, he over-exerted himself, and the whole of the dyspeptic symptoms returned, together with the hypochondriasis. On the first days of August, the patient had some febrile movements in the system, and became so weak that he could not walk without the aid of a stick. In fact, a marked intermittent fever was established, and our author, borrowing a hint from Hoffman, determined to let the fever take its course, for some time at least, with the hope that it might cure the hypochondriasis. During this experiment, there appeared some indications of mischief obtaining in the liver, as evinced by pain, tenderness, and some degree of fulness in that region—the strength was rapidly reduced by each paroxysm—and the Doctor, on the 17th of the above month, considered it unsafe to withhold any longer the quinine, which was accordingly administered. By the 24th, the period of the paroxysms was only marked by a slight cough and a loss of voice; on account of which it was not deemed necessary to interrupt the quinine. In the beginning of September the patient began to recover strength and spirits. He now took gradually increased exercise, and his appetite and digestion improved, and his amendment, corporeal and mental, was such as to surprise his friends as well as the doctor. Some months afterwards, he had a relapse of the intermittent, but not of the hypochondriasis, which soon gave way to the sulphate of quinine. He has since remained quite free from his hypochondriacal ailments, and enjoys perfect health.—*N. Bibliot. Med.*

The author cites several writers, who have maintained that fever has a powerful influence in checking chronic affections. Among others, he quotes Pugol and Dumas. There may be some reason to suspect that, in this case, the same cause which produced the intermittent may have previously operated in producing the affection of the stomach and the symptoms of hypochondriasis. The patient may have inhabited a situation where malaria abounded, and which shews its effects in various other ways besides common ague. We suspect that the hypochondriasis, in this case, was cured rather by the remedy administered for the ague, than by the ague itself. But of this we will leave others to judge, having presented them the naked facts of the case.

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### 3. Gangrene of the Feet from obstructed Aorta.

*Case.* Count C———, aged 66 years, of athletic constitution, keen appetite, and a very hearty eater, had always kept himself in a state of plethora, with tendency to cerebral congestions and gastric irritation. From these affections he was usually relieved by sanguineous depletion, especially leechings; but his appetite being too powerful, he was never sufficiently guarded in his diet. In the Autumn of 1826, the Count became subject to an unpleasant sensation of heat

in his feet, particularly when walking, which obliged him, after a promenade, to put his feet on cold marble to allay the heat. In the month of December, of the same year, the patient was seized with acute pain in one of his hams, which was removed by leeches. Next day, the pain settled on the tendo-achillis and neighbourhood, and appeared of a gouty nature, there being some swelling and redness. One evening, after a rather too free dinner, and a glass or two of strong wine, the pain became greatly exasperated, attended with quick pulse and hot skin. Leeches were applied without relief, and an attempt was made to bleed from the arm, but without success. The pain increased—delirium came on—with constant jactitation, and screaming. On examining the part, some vesications were seen, and soon afterwards gangrene manifested itself unequivocally. A troublesome hiccup now supervened, and could not be stopped. In the course of a few days the gangrene had invaded the whole of the leg—the patient became comatose—black spots appeared on the other extremity, and death closed the scene.

*Dissection.* The heart was found enveloped in a thick layer of fat, and intimately adherent to the pericardium throughout. The organ was flaccid, softened in structure, and its cavities dilated. The semilunar valves of the aorta were ossified, and the vessel itself considerably dilated, especially at its arch. About an inch and a half below the origin of the cœliac artery, the aorta became completely ossified, and its bore almost entirely obliterated. There were only two small passages for the transmission of blood, not more than half a line in diameter each. The iliac arteries were also interrupted, and nearly obliterated in several places. The femoral, or rather the inguinal arteries, about the crural arch, were rather dilated, thickened in their coats, and much ossified. Below the crural arch, the left femoral artery was merely thickened, whilst that of the other side was red, and filled with clots of different degrees of consistency. The vessels of the mortified parts participated in the condition of the surrounding soft tissues. The veins of the lower extremities were thickened, and obstructed. There were various marks of inflammation and thickening in the stomach and bowels, with considerable serous infiltration into the ventricles and between the membranes of the brain.—*Broussais' Journal.*

*Remarks.* It appears that the Count had been blind for several years, without any appreciable lesion of the optical apparatus. In the examination of the brain, it was found that the tubercula quadragemina and the optic nerves were not more than one half their natural size. The propensity of the Count to good eating and drinking has been observed. The state of the stomach accorded with this propensity. The mucous membrane was in a state of hypertrophy, and presented a remarkable contrast with the state of atrophy in which were found the optic nerves. The obstructions in the aorta, and in other parts of the arterial system, were owing, in M. Broussais' opinion, to a general inflammatory condition of the vascular system. The gangrene of the lower extremities was also, no doubt, the result of this obstruction to the regular supply of blood to those members.

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### 4. Pericarditis and Hypertrophy of the Heart in a Child.

Dr. Menara has published an interesting case of this kind, shewing at how early a period the heart may become enlarged in children.

*Case.* A female infant had, from her birth till the age of five months, enjoyed apparent good health. Five of her brothers and sisters had died of cerebral affections. In the beginning of January, the little patient caught cold, which took on a more severe character than usual. On the 12*th*, her breathing was oppressed, pulse full and hard, skin hot, cough frequent, but moist. She sucked with avidity, but often vomited. 13*th*. Better in all respects; the chest sonorous throughout. 14*th*. A strong exacerbation, preceded by a cold stage. The abdomen became distended and tender—cough, attended with oppression and râle. *Emollient drink—blister to the arm.* 15*th*. Respiration more oppressed than ever. *Blister to the other arm.* The breathing was wheezy (ralante) in both lungs—and,

on percussion, there were some dull spots beneath the scapulæ—pulse 140. These symptoms increased in intensity, and the child died on the 17*th*.

*Dissection.* The cranium was more ossified than usual at so early an age, the sutures being firm, and the anterior fontanelle closed. The brain was sound, but very voluminous, as was the spinal marrow. The lungs adherent by layers of albuminous concretion, with some serous effusion in the right side. The lower portions of lung were hepatized—the superior portions sound. The mucous membrane of the trachea and bronchia was rather thickened, and the tubes loaded with mucosities. The pericardium was found distended with gas, and also contained about two ounces of reddish serum. In several places, on the internal surface of the pericardium, reflected and non-reflected, there were layers of an albuminous secretion, some of them three or four lines in thickness. The pericardium itself was considerably thickened. The heart was one third larger than natural, this increase of size being produced by an inordinate thickness of the parietes of the organ.—*Tours Medical Journal.*

*Remarks.* The Editor of the Journal hazards some speculations on the connexion of the advanced ossification of the skull and development of the brain, in this child, with the congenital hypertrophy of the heart. It is not impossible that the too vigorous circulation, resulting from this congenital hypertrophy of the central organ, may have had its influence on the cerebral mass and its bony envelopes; but, we were not a little astonished to find the Editor pass over the subject of treatment, in this case, without a single observation. There cannot be a doubt that the child's life was lost for want of depletion. Not a drop of blood was drawn, although the symptoms of thoracic inflammation were as clear as the sun at noon-day, and required the most vigorous system of blood-letting, especially leeching. The congenital hypertrophy was not necessarily fatal; for many people have large hearts through life, without much inconvenience. We trust that the above example will prove a lesson to all practitioners, not to neglect examining the chests of children affected with cough, or other symptom of inflammatory action. The state of the thoracic organs can be very satisfactorily ascertained in children—much more so, indeed, than in grown people.

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## 5. Epidemic of Groningen.

By Professor Bakker.

The City of Groningen suffered a dreadful visitation of epidemic fever in the years 1825 and 1826—especially in the latter year, when 2448 men and women fell victims to the reigning malady. Looking geographically at the soil and climate of Holland, intersected as it is by innumerable rivers and canals, and with such a large portion of its surface on a level with, or even below the level of the sea, one would be led to expect that the inhabitants, crowded as they are, would enjoy a much shorter range of existence than in other countries, as France and England for example. Yet, history proves to us, that the range of life is longer in Holland than in France—and that epidemics are comparatively rare. Thus, in France, it is found that, out of every 38 individuals, one will annually pay the debt of Nature, while in Holland, it is one in 42—in Belgium, one in 48—and in the province of Groningen, where the late mortality prevailed, it is only one in 49 and a half. This seems the more astonishing when we contemplate the many local causes which ordinarily give rise to fevers and other diseases throughout the world. The sources of miasmata must be more numerous in the low countries than in almost any part of the earth; but then, the *low temperature* of the atmosphere fortunately checks the evolution of these deleterious agents, and thus preserves the inhabitants from a terrible enemy, as nursed under brighter skies and more delightful climates. Every now and then, however, an inundation of the soil or an extraordinary range of atmospheric heat, calls the pestiferous miasms into full activity, and then, as at Walcheren or Groningen, the mortality is terrific.

During the Autumn of 1825, mild tertian and quartan fevers were seen in the City of Groningen, which continued to prevail during the Winter, and also in

the Spring of 1826. But it was not till the month of June of the latter year, that the mortality became at all alarming. At this period, a diarrhœa, of a fatal nature, began to prevail, especially among children. By the middle of July, the epidemic became formidable, taking the gastric and bilious characters, accompanied by violent cephalalgia. It was clearly, however, of the *intermittent* type, though sometimes only remittent. The diarrhœa was, during one month, the prominent feature of the epidemic—but, about the middle of August, the tertian form of the fever was unequivocal, sometimes changing into the double tertian type—a change by no means advantageous to the patient. During the next two months, the malady raged with great intensity and fatality.

The disease, at this period of its acmé, commenced with a rigor of short duration and moderate in degree—slight acceleration of pulse—pains in the head, loins, and limbs, especially in the lower extremities. The tongue was furred, and the patient had bilious vomitings, sometimes during the cold fit—sometimes at the close of the paroxysm. These spontaneous vomitings were the means by which Nature got rid of large bilious secretions, but they were not indications for the administration of emetics or strong cathartics, which generally proved injurious. On the contrary, gentle excitants were more efficacious in removing the diarrhœa and gastric irritability. But the sulphate of quinine was still more serviceable. This specific almost always succeeded, provided it was given in the dose of fifteen to twenty-five grains in the course of the apyrexia. If, instead of this treatment, Nature was left to her own efforts, or the disease was attacked with sanguineous evacuations or drastic purgatives, the patient generally died apoplectic in the next paroxysm, or fell into a state of coma or dysentery, with delirium and prostration of strength, that ultimately proved mortal in the majority of cases. There were few, if any, instances, where the fever degenerated into the typhoid or putrid form, although thousands of unfortunate patients never had any medical assistance whatever, or only some trifling remedies unskilfully administered. In respect to crises, there were few opportunities of observing this operation of Nature, since the most strenuous exertions were made by the physicians to cut the disorder short by remedies, especially the sulphate of quinine. Still, they had occasion to observe a few instances where the fever seemed to terminate by critical sweats, diarrhœa, vomitings, or copious depositions in the urine. The disease was invariably of an asthenic character, and never inflammatory. This, they think, was proved by the symptoms, by the treatment—and by the termination. They do not add—by the *dissections*. But of this hereafter.

Relapses were very common—nay, almost inevitable. The reasons were twofold—the protracted debility of the subjects, and a continuance of the original miasmatic causes. Dropsy was a very common sequence of the fever, and came on very suddenly. It was sometimes anasarcous—sometimes ascitic. The disease sometimes terminated in a singular eruption of chronic aphthæ on the tongue and throat, evincing their existence also in the œsophagus and stomach by acute pain in those parts, or a copious secretion of viscid mucus. There was, also, an occasional eruption on the surface of the body, in various parts. The debility of intellect, as well as of body, left by this fever, was sometimes so great, that the patient was entirely deprived of memory for a considerable time after the cessation of the fever.

*Appearances on Dissection.*

As the epidemic presented a great uniformity in its symptoms, so there was a corresponding uniformity in the *post-mortem* appearances. Dissections, however, were not so numerous as could be wished, owing to the extent of the mortality, and the inability of the physicians to attend to pathological investigations. Nevertheless, Dr. Hendricks, physician to the public hospital, opened 107 bodies, and communicated the results to the authors of the paper under review. A table is given of the different appearances on dissection; and we find, that the spleen suffered much more than any other part. Thus, there were 66 bodies presenting inflammation of this organ out of 107. Next to the spleen, the liver bore the onus of disease among the abdominal viscera. Thirty-two bodies shewed this species of lesion. In the whole

number of dissections, (107) there were 26 cases where the digestive tube was inflamed, either internally or externally. Forty-two bodies shewed affection of the brain or its membranes, or serous effusion into the ventricles or between the meninges. Thus, each theorist had something to support his doctrine, but nothing to confirm it. Broussais and Clutterbuck would have found it difficult to maintain their exclusive hypotheses from these documents. There is certainly more to support the doctrine of fever being a general disease in the beginning, and taking a local determination in the course of the malady. Of the 107 patients above-mentioned, twenty exhibited, during life, symptoms of disturbance in the cerebral and nervous system—23 had dysentery—14 had diarrhœa—13 shewed signs of putridity—and 16 were dropsical before they died.

Nothing transpired during this epidemic to sanction the idea of its possessing any contagious character. Between 30 and 40 medical men (physicians) were busily employed, but none of them died. Some of them were taken ill, either from fatigue, or subjection to the same causes of disease with their patients.

In respect to the remote causes of the epidemic, they were ascribed, *first*, to an unusual increase of aqueous emanations —*2ndo*, to the high temperature of the Summer heat, which greatly augmented the said emanations—*3dly*, to the sudden vicissitudes of temperature—*4thly*, to the drying up of many marshy plains and pools, by which a great surface of mud, &c. was exposed, and a copious disengagement of miasmata effected.

From the above causes, resulted a bilious fever, early in the Spring, which soon changed into a pure intermittent, and afterwards into a remittent, with affection of various viscera. The same remedy (the sulphate of quinine) succeeded throughout all these changes and seasons—"and many hundreds of the citizens of Groningen would have been saved, had there been a sufficient supply of this invaluable febrifuge."

Groningen contained about 28,000 inhabitants previously to the epidemic, and during the months of August, September, and October, 1826, there were not less than 8,000 people affected with the fever —or more than a fourth part. Of these, 569 died in the above period, or about 1 in 14.

The city of Groningen presents large and beautiful streets, so that, at first sight, it might be considered a most healthy situation; nevertheless, it incloses within its walls many powerful causes of disease. One quarter of the city is too much crowded in its population, and there the epidemic raged severely. But this part is not inhabited by the lower orders—therefore the cause of sickness could not be attributed to want of cleanliness, good food, &c. But there was another cause, the immediate vicinity of the canal which leads to the sea, and from whose bottom and edges miasmata were doubtless disengaged, though not in any very large quantity. This city, however, is exposed to a still more powerful source of miasmata, namely the numerous cloacæ which are every where met with. These cloacæ are always filled with animal and vegetable matters in a state of putrefaction, and, in the hot weather, disengage an immense quantity of stinking effluvia, which contain, without doubt, the seeds of fevers and other diseases. This terrible epidemic will probably induce the local authorities of the place to pay more attention to the state of drains, canals, and common sewers, in order to guard against another visitation of so terrible a scourge. —Journ. Gén. de Médécine, *April*, 1827.

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### 6. Gastro-Cerebral Inflammation, with some (supposed) symptoms of Hydrophobia.

In a late Number of M. Broussais' Journal, we have the case of a boy five years of age, which presents some characters of interest. This boy, of vigorous, but irritable constitution, was seized, on the 1st of May, with symptoms of gastro-enteritis, which were removed by leeches to the epigastrium and diluent drinks. In the night of the 12th May, he awoke from his sleep with a loud laugh, which was quickly followed by piercing cries, and then convulsive movements of the whole body. His face was flushed, eyes sparkling—and he attempted to bite, and to squeeze tightly in his arms, every thing that came in his way. The parents were alarmed at hydrophobia, and sum-

moned two physicians. When they arrived, the patient was in an interval of calm—lying without sense—his eyelids shut, but the balls rolling about underneath—pupils greatly dilated, but still sensible to light—face of a purplish cast—skin burning hot—pulse contracted, hard, and quick—carotids beating strongly. Twelve leeches were applied to the regions of the jugulars—sinapisms to the feet—cold lotions to the head. In five hours the physicians returned, and the scene was greatly altered. The little patient seemed in the jaws of death. His whole surface was pale and cold—pulse imperceptible—the respiratory movements were the only indications of life. These phenomena resulted from an excessive hæmorrhage. The leech-bites were stopped—stimulating frictions were applied, and some spoonfuls of soup were injected into the stomach. The boy gradually recruited, and a corresponding reaction took place, when diluents were prescribed. During the succeeding day and night he had repeated vacillations between paroxysms of excitement and alarming states of collapse. The latter, however, were the more predominant; but, at the end of the third day, he had become sensible—his appetite gradually re-appeared, and by the 22d May, the boy was convalescent, and the physicians took their leave.

*Remarks.* M. Broussais observes that the above is a good example of the energetic effects of local bleeding carried *to syncope*, for the cure of acute inflammation in young subjects. Cerebral inflammations are the most rebellious of all, in this class of patients, and the Professor doubts whether this boy's life would have been saved, had the hæmorrhage from the leech-bites not gone on unintentionally to syncope. Notwithstanding the authority against us, on this point, we much doubt whether the above patient was actually affected with acute inflammation of the brain and stomach, as he is stated to have been. The manner in which he was seized—the violent vacillations of the phenomena, from intense excitement to frightful collapse, three or four times in the 24 hours, are not the phenomena which we have observed in acute inflammations of either brain or stomach. The complaint, in our humble opinion, was some powerful irritation of the gastric or intestinal nerves, affecting sympathetically the whole nervous system, and thus imitating inflammatory action, when nervous irritation was at the bottom of the whole. Many are the examples which we have seen of this deception. Neither do we observe any phenomena in this case, which can authorise either M. Broussais or the physicians who attended the patient, to say that there were "*quelques symptômes de rage*" manifested by the boy. If attempts *to bite* be indications of hydrophobia, there is many a female affected with that disease in common paroxysms of hysteria. We wonder that such a man as M. Broussais should permit the above observation in this statement of the case, as compiled by the attendant physicians.—*Annales de Med. Phys.*

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### 7. Spontaneous Paraplegia.

Mr. Iliffe lately read a case at the Medical Society, Bolt Court, which has been reported in the Lancet, and headed "Spontaneous Paraplegia." We know not why the term "spontaneous" should be applied to a disease of the spinal marrow causing paraplegia, any more than to a disease of the brain causing total or partial paralysis. Be this as it may, the case gave rise to a hot discussion in the Society. The following are the principal features of the case.

A gentleman, ætat. 25, became indisposed in the Summer of 1827, complaining of "a gradual diminution of strength," with pains about the wrists and ankles, and towards the end of August, a slight difficulty in making water. On the 2d September he dined in Fleet Street, and in the evening was sick. The difficulty of making water increased, as did the weakness of the lower extremities. Mr. I. saw him, and ordered some medicines. On the 4th, he had nearly lost the power of the inferior extremities—pain in his loins—water dribbling from him—no general febrile symptoms. *5th.* "Has had considerable uneasiness, during the night, along his back, and under each scapula,"—no power of the bladder. Mr. Callaway called in consultation—catheterism—blister to the spine—ammonia and cascarilla—Plummer's pill. *7th.* Little alteration *8th.* Pulse 80—no pain—appetite good—

spirits depressed—still no power in the limbs. *9th.* Passed a restless night, and is rambling to-day—thirst—hot skin—tongue dry—bowels torpid. *11th.* Dr. Back called in. Calomel and cathartic extract—nourishing diet—blister to be healed. *12th.* Pulse 120—quinine—calomel and colocynth—in the evening, the pulse 164—abdomen tense. Died on the 13th September.

*Dissection.* This was made in a very able manner by Dr. Hodgkin. We shall pass over many of the minutes of dissection, as not bearing on the immediate seat of disease. The arachnoid was partially opake and remarkably firm—considerable effusion beneath the arachnoid—pia mater injected—substance of the brain natural. The dura matral covering of the spinal medulla was sound—the pia mater considerably injected—in two spots, of an inch or more in length each, the pia mater was black—the medulla appeared to have experienced "considerable pressure from its pia matral envelope." The consistency of the medulla was, throughout, softer than usual, and almost the whole of the dorsal portion was "much softer." Opposite the black patches above-mentioned, the medullary matter "*contained numerous minute dark-coloured ecchymosed points.*" In one place the medulla was so broken down as to produce "the appearance of a cavity." "Some spots were nearly black." This state existed, in a greater or less degree, throughout the dorsal region. "The consistence of the most softened portions was similar to that of cream." The mucous membrane of the bladder was of a livid colour.

In the discussion which ensued, it was maintained by Dr. Johnson that the above appearances were the legitimate products of chronic inflammation, and it was as resolutely maintained by Mr. Callaway that neither the symptoms nor the appearances on dissection evinced the slightest connexion with an inflammatory process. It is not for us to pronounce on this point, and we leave it to the public to decide between Mr. Callaway and Dr. Johnson. We think there can be little doubt that the disease (by whatever name we may call it) had been going on for a considerable time before either Mr. Iliff or Mr. Callaway saw the patient—and, consequently, that it was far beyond the power of art when these gentlemen were consulted. The question, therefore, is principally pathological—and we would refer Mr. Callaway to the writings of Ollivier, Abercrombie, and many others, on this point. If Mr. C. will turn to the first volume of this Series, page 39, he will see a case quoted by Dr. Abercrombie from Professor Brera, which bears a very close analogy to the one in question.

P. S. In a conversation with Dr. Hodgkin, who made the dissection in this case, and, than whom, there is not a better pathological anatomist in London, that gentleman expressed his entire conviction that the appearances in the spinal marrow of the above patient were the legitimate products of inflammation.

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### 8. Pneumo-phthisis Cyanotica.

In the 4th number or volume of our respected cotemporary, the Journal de Progres, there is a short article under the above head, extracted from Hufeland's Journal for February, 1827. This terrible affection (pulmonary phthisis with the blue disease) has engaged the attention of Professor Schonlein, who has described it minutely. It is generally developed at the age of puberty, and is rapid in its course, rarely continuing more than three months, and is remarkable for the affection of the venous system, the pulsations of the heart and arteries, (which are not always synchronous with each other)—by the blue colour of the face and lips—the narrowness of the chest—the meagreness of the extremities, except at the tips of the fingers which are generally swollen, and the great incurvation of the nails. To these symptoms succeed cough, pain in one or both sides, oppression about the chest, expectoration, at first sanguinolent, and afterwards purulent, accompanied by hectic fever in the last period of the disease. It differs from common pulmonary phthisis by the rapidity of its course, by the want of general emaciation, the dryness of the skin, the paucity of expectoration, the constipation of the bowels, and the cerebral phenomena.

The effective cause of the malady is *non-obliteration of the foramen ovale*, which experience has shewn to be more

frequent in the female than in the male. It is thought that it is sometimes owing to hereditary disposition, as it is found that the children of parents who have organic diseases of the heart, are apt to be similarly affected. There are some other predisposing causes enumerated, but we do not deem it necessary to notice them.

On dissection of subjects who die of this disease, we generally find the venous system of the brain gorged with blood, the ventricles distended with serum, and *one or both phrenic nerves swollen and indurated, or else in a state of atrophy.* In the heart, the foramen ovale is open. The blood throughout the whole system is found quite liquid—the lungs partially ulcerated—the liver enlarged.

The cure of the disease is beyond the reach of art, since we cannot remedy the malformation of the heart, on which it mainly depends. But the author thinks that something might be done by getting the individual past the period at which the disease usually terminates fatally. This is to be done by the greatest repose —by avoiding aliment of a hydrogenated quality—by living chiefly on vegetables and water, &c. And as the oxygenation of the blood in the lungs is very imperfectly performed, this defect is to be remedied as much as possible by soliciting the action of the other secretory organs with which the lungs are in accordance, as the kidneys, liver, skin, &c. At the same time, the respiratory organs are to be guarded by the greatest attention to a regulated temperature, and defending them from catarrhal affections. We shall now give some particulars of a case in illustration of this formidable disease.

*Case.* A. Gotlieb, aged 16 years, was said to have enjoyed good health till the year preceding, when he became affected with pains in the left side of the chest, dry cough, dyspnœa, and fever. The village barber was called in, who practised a large bleeding from the arm. This measure diminished the pain in the side; but the other symptoms continued the same. On the 28th January, the tenth day of the illness, the author was called in. He soon discovered the radical defect in the central organ of the circulation—as evinced by the usual symptoms of cyanose, described above. The pain in the side had now returned, and the difficulty of breathing amounted almost to orthopnœa. The fever was slow, the expectoration mucous, the appetite gone. Quietude, aqueous drink, and vegetable diet, were prescribed; while digitalis, nitre, hyosciamus, &c. were ordered. In a few days, the oppression and pain were diminished, but the expectoration had become sanguinolent, and the fever was increased every evening. Eight grains of calomel were given night and morning, in order to procure stools. *3d. Feb.* The expectoration is now pure blood; but the cough and oppression are somewhat relieved. Acids were given, and a tepid muriatic acid bath ordered once in 48 hours. By these means the hæmoptysis was checked; but purulent expectoration succeeded. On the 26th March, there was another discharge of blood from the lungs, and life was threatened. Venesection and acids again stopped the hæmoptysis; and again the purulent expectoration became copious. The disease now made rapid progress, and the patient was carried off early in May, having evinced, for some time, considerable disturbance of the cerebral system.

*Dissection.* The venous system of the brain was gorged with blood—some serous fluid was found in the ventricles. The lungs were gorged in several places with blood, especially the upper part of the left lung, where there were several recent abscesses. The phrenic nerves were enlarged and indurated—and the left par vagum reduced to a kind of bouillie. The pericardium contained serum—the foramen ovale was open—the two auricles were prodigiously enlarged, but all other parts of the heart were natural. The liver was enormously enlarged, and quite lacerable.—*Journ. de Progrès, No.* 4.

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### 9. Lithotomy.

Two cases are reported from Panton Square, the first of them fatal.

*Case.* H. Morgan, æt. 10, had been labouring under the symptoms of stone in the bladder for five years. When admitted, his sufferings were exceedingly severe, but the general health was good, although he was subject to febrile dis-

turbance of the system. Having sounded, &c. Mr. Wardrop, assisted by Mr. Lawrence, proceeded to the operation, which was performed with a common staff, having a deep groove, and a large scalpel with straight and rounded back. The incision of the prostate not being sufficiently free, it was necessary to introduce the knife twice to enlarge it, when a stone, weighing above an ounce and a half, was extracted. When put to bed, he had a severe rigor and much pain, for which he took a large opiate. *Vespere.* Very low—pulse 100, small, and fluttering—pain in the abdomen and wound, through which the urine passed freely. *Another large opiate.* In the morning, the countenance was sunken and anxious—the pulse 140, but weak and fluttering—much internal pain, with tenderness of the abdomen. A large opiate was again given, with camphor and ammonia, but the patient continued to sink, and expired next morning.

*Dissection.* The bladder was greatly contracted, and the incision into it remarkably large. The peritoneum, generally, was vascular, particularly over the fundus of the bladder, where there was recent coagulable lymph, exactly resembling thick pus. The left kidney bore very decided marks of ancient inflammation.—Lancet, 208.

*Remarks.* It is evident that this patient sunk, not so much under the local inflammation, as in consequence of the shock given to the system generally by the operation. These cases, as Mr. Wardrop justly observed, are exceedingly difficult to treat—you dare not deplete for fear of the exhaustion—you are afraid to stimulate because of the inflammation. But might not the local action have been moderated here by local means, leeches, fomentations, &c. whilst, at the same time, the system was supported by the camphor and ammonia? We think so, though we are quite ready to grant that the odds were fearfully against recovery, whatever treatment was employed. The reporter, makes a very silly remark. He observes, that he was particularly struck, in this case, with the facility with which the largest stone may be extracted by the *scalpel* operation, *after the incisions have been made sufficiently free!* This is rather unfortunate, considering that, in this very case, they were obliged to employ repeated introductions of the scalpel, before the incisions actually *were* "sufficiently free."

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## 10. On Extirpation of the Uterus.*

By Dr. Gustavus Hesse.

This operation, though one of the most formidable in surgery, has been practised for centuries past—and more frequently by ignorant or audacious Charlatans, than by regular surgeons. A German surgeon, however, (M. Osiander) rescued this operation from the hands of quacks, but, unhappily, he never could be prevailed on to give the details of his practice to the world at large. He simply stated, from time to time, that he had performed the operation, and promised a book on the subject; but he died at an advanced age, and has left no records of his cases—at least, that are available by the profession.

Osiander's operation was seldom imitated till of late years, when several cases have been published of partial and even of total ablation of the womb. It would be wrong to form too sanguine hopes from this operation, especially in cases of cancer uteri; but the experience of Osiander enabled him to aver, that extirpation of scirrhous uterus was as successful as extirpation of that disease in other parts of the body. All of his patients recovered from the immediate effects of the operation, though some of them relapsed afterwards, and died of the renewed malady.

This operation (extirpation of the uterus) is said to have been performed in a great many instances formerly. Baukin relates nineteen cases; and Schenk a far greater number. But it is justly doubted, whether many of these were not partial amputations of the organ, or removals of polypi, which had been mistaken for enlargements of the womb. Baudelocque, however, considers it as incontestible, that the extirpation of the uterus had been successfully executed before his time. The operation has been performed

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* Allgemane Medezin. Annalen. May, 1826.

too, when it was not designed—and the uterus has been mistaken for a polypus or other morbid growth, and extracted under this false supposition. In our own country, Clarke and Johnson have afforded examples of this nature; while Petit, Paletta, and others, have recorded instances on the Continent. From this it will be evident, that it is not very easy to get at the exact truth, in the relation of cases, even where there is not the smallest disposition to deceive, on the part of the operator.

Our author investigates the history and utility of this operation under three points of view—in prolapsus uteri—inversio uteri—and cancer of the organ.

1. *Prolapsus Uteri.* This appears to have been the case to which the operation in question was first directed, if we fairly interpret the writings of Ætius and Paulus Egineta. No doubt this measure was not resorted to, except in extreme cases—probably where the uterus was threatened with gangrene. In the case related by Hosack, (Med. and Philos. Register), the womb, at first prolapsed, had afterwards become inverted, and had degenerated into a scirrhous structure. The uterus extirpated by Ruysch, was in a similar condition; and that operated on by Wolff, was prolapsed and carcinomatous. Fodéré (Journ. Complement. Tom. XXI.) details a case of prolapsed uterus, where the organ was first tied with a ligature, and, two hours afterwards, cut away. The organ was changed in structure.

The ligature first, and resection afterwards, was the most general measure which was resorted to, both by Ancients and Moderns, but not the only means. Ambrose Paré relates a case where the knife was used without any ligature, and the woman recovered from the operation, but died three months afterwards of pleurisy. Another case is on record, where a bold and ignorant empiric cut away a prolapsed and inverted uterus, and, with it, several feet of intestine which had descended in the organ! Van Heer witnessed this exploit. We need hardly say that almost immediate death was the result. Langenbeck extirpated, with the knife alone, a carcinomatous prolapsed womb. After having divided, by a scalpel, the connexions of the vagina with the uterus, and dissected the peritoneum back off the organ, he removed the uterus, but encountered a tremendous hæmorrhage, from which, however, the patient recovered completely.

The ligature alone, without the knife, appears to have been seldom trusted to in this operation. Blasius mentions a case where a woman died three days after the application of a ligature. Dr. Marschall, of Strasburg, (in 1794) applied a ligature to a prolapsed and scirrhous uterus, but was obliged to cut it away on the second day, in consequence of pains in the abdomen and convulsions. He then had recourse to the knife, and the woman survived the operation ten years. Ruysch has published an unfortunate case where the ligature included the urethra of the patient, and death ensued.

2. *Inversion of the Uterus.* This state of the organ gave occasion to the operation in question, full as often as prolapsus uteri. There must, always, indeed, have been more or less of prolapsus accompanying inversion of the organ—and the Ancients did not make any very nice distinction between these two states. The inverted uterus has been, sometimes, cut away at once—sometimes tied with ligature, and then amputated—sometimes treated with the ligature alone. It has been totally, and it has been partially removed. Wrisberg relates a case where a midwife inverted the uterus, and then cut it away, thinking it was the afterbirth! The woman survived after a frightful hæmorrhage. This is encouragement for Sir Anthony and his ultra-delicate partisans. M. A. Ulmus gives the history of a similar exploit peformed by a midwife; but the result was immediately fatal. A third instance, in all respects the same, and with a similar catastrophe, is put on record by Fabricius Hildanus. In the *Annal. de Literat. Med. Etrang. à Gand. T.* XV. there is a case where a midwife, in dragging at the umbilical cord, inverted the uterus. The SAGE FEMME completed the job by cutting all away with a razor. The patient fortunately recovered by the application of ice, which stopped the hæmorrhage. These cases induce to the belief that, in the hands of a skilful surgeon, the danger of the operation is not so great as one would be led to suppose. Among the

numerous cases on record, where the inverted uterus was extirpated, we shall only cite a few.

Vieussens and other surgeons were consulted in the case of a woman, where a tumour presented, the exact nature of which they could not ascertain. They all agreed that it should be removed, which was done, by ligature and the knife. It was then discovered that they had extirpated the uterus. The woman recovered perfectly, and lived fifteen years afterwards. The body was examined in the presence of several physicians and surgeons—and the fact was proved beyond a doubt. Mr. Baxter relates a case where the uterus was inverted, and, five weeks afterwards, the ligature was applied and the organ cut away. The woman recovered. A case is related in the Medico-chirurgical Transactions by Sir Astley Cooper, in which Mr. Windsor tied and extirpated an inverted uterus with success.*

The ligature *alone* has been used in but a few cases comparatively. Mr. Newnham's case is well known, and is fully detailed by him in an essay on the subject. M. Faivre (*Journ. de Medecine, Aout*, 1786) performed this operation by the ligature. The uterus had been inverted by the violence of the midwife, and was sphacelating. He applied the ligature. The patient was harrassed with vomiting, convulsions, and diarrhœa, till the 27th day, when the parts separated, and the patient, from that time, did well. Under the same head, may be ranged a case in the third volume of the Dublin Hospital Reports, communicated by Dr. Charles Johnson. An inverted uterus was mistaken for a polypus, and a ligature applied. The mistake was discovered, but it was deemed prudent to continue the ligature. In three weeks the tumour came away, and the patient did well. It appears that Dr. Johnson was in error, in his remarks on this case, by attributing to M. Petit the honour of having first applied the ligature for the removal of inverted uterus. German research has proved that this operation was performed by Rousset and many others, long before M. Petit existed.

* Vol. x. p. 356.

3. *Extirpation of Carcinomatous Uterus.* We are now arrived at the period when the operation of extirpating, partially or totally, the uterus or its neck, affected with scirrhus or cancer, (but neither prolapsed nor inverted,) has created a great sensation in the medical world. In this historical sketch, however, we must sometimes revert to cases where the above-mentioned conditions (prolapsus and inversion) accompanied the carcinomatous state.

The merit of first operating on the uterus in this dreadful disease is generally given to Osiander, though it is certain that Wrisberg *proposed* the operation long previously. But, as there is one glory of the sun, and another of the stars —so there is one kind of honour in *proposing*, and another in *executing* a hazardous and new operation. It is certainly very probable that, among the numerous instances of extirpation of the uterus, for inversion and prolapsus, there were some cases of scirrhus or cancer; but still Osiander has the merit of first amputating the uterus in a carcinomatous state, uncomplicated with inversion or prolapsus.

Osiander was greatly averse to total ablation of the organ. He dreaded the descent of the intestines, the hæmorrhage, &c. He, therefore, contented himself with the removal of the diseased portion of the womb, by means of scalpel or scissors. At first, he recommended and practised the drawing down of the uterus by means of a ligature, before cutting away the parts; but, he afterwards abandoned this measure, and trusted to the fingers introduced into the cavity of the womb, and serving as a guide to the cutting instruments.

Osiander performed this operation 23 times in 15 years, viz. between 1801 and 1816, yet he never published a single case in detail; but only gave a few particulars of the first operation to the public. Our knowledge of the facts of these operations is authenticated by those who witnessed them; but the original operator carried with him to his grave all the knowledge he possessed on the subject. This is a great sin in any man. Medical knowledge is derived from the public, as rain is derived from the ocean. The former should return to its *source* like the latter.

Professor Rust (*Med. Chir. Zeit.* 1813)

was the first, in Germany, to imitate Osiander. He extirpated the cervix uteri, according to the plan of Osiander, in the case of a woman, 50 years of age, who had a cancerous excrescence of this part, the size of a man's fist, the rest of the organ appearing to be sound. The hæmorrhage was very considerable, and was, with great difficulty, restrained. The patient died eight days after the operation, and, on dissection, the remainder of the uterus was found in a state of sphacelus.

Paletta *(Med. Chir. Zeit.)* performed the operation of Osiander, as he thought; but, on examination, the *whole* of the womb was found to have been removed, in a prolapsed and degenerated state. The woman died three days after the operation, with symptoms of peritonitis.

Graefe was the next who performed ablation of the cervix uteri, affected with a cancerous disease. He removed the parts with scissors. The hæmorrhage was arrested by the introduction of sponges soaked in cold water. Inflammation of the remaining portion of womb, of the bladder, and of the intestine, supervened, and reduced the patient to a state of great danger, but she ultimately recovered.

In France, the operation has been several times performed by Dupuytren. Previous to 1815, *(Bibliotheq. Med. Fevrier*, 1815,) this eminent surgeon had operated seven times. In one case the disease returned at the end of two years—in a second, there was a recurrence of the malady in 18 months. In a third case the woman was living and well in 1815, four years after the operation.

Bayle strongly recommended, and indeed brought into vogue, in France, the treatment of cancerous uterus by means of caustic. That distinguished physician had observed, in numerous dissections, that the change of structure under uterine ulcerations goes to a very limited depth—only two or three lines. The arsenical paste, and even the actual cautery, have, therefore, been frequently applied with success in France.

Numerous objections have been made by Wenzel, Zang, Siebold, and others, against Osiander's operation of *partial* ablation of the uterus. The main objection consists in the fact that, in such cases, there is *generally* disease, or strong disposition to disease, in the whole of the organ, and, consequently, there is great chance of the disease continuing or returning. It must be confessed that this objection very often lies; but the same may be urged against the operation in any or every other part of the body. There may be cases and circumstances to which this partial amputation of the uterus is applicable.

As to the question respecting the best method of operating, it is doubtful whether the ligature, the knife, or both in sequence, should have the preference. The knife would certainly be the best instrument, could we be sure of commanding the subsequent hæmorrhage.

*Total Ablation of the Womb.* Before this operation was attempted, Wenzel, Zang, and others, pronounced it to be impracticable—or, if practicable, that it would be inevitably fatal. Experience has shown how dangerous it is to prognosticate with confidence on the event of any surgical operation. Sauter was the first to disregard these croaking predictions, and try the experiment, The patient on whom he first operated was 50 years of age, and affected with a true cancer of the whole uterus. The operator first tried to draw down the organ with his finger; but, finding that impossible, he passed the fore and middle fingers of the left hand between the pubes and the uterus, and with these as a guide, he separated the connexions between the vagina and uterus, anterior and lateral. This done, he was enabled to draw down the uterus by means of a hook. A further separation of the organ from its neighbouring parts was effected, but not without wounding the bladder. It was now found impossible to remove the uterus without cutting through the peritoneum. This was done, and the cavity of the abdomen was actually laid open. The fingers were then passed up over the fundus uteri, and the attempt made to invert the organ forwards; in which attempt a quantity of intestine was protruded. This was returned—the antero-version of the uterus effected—and the organ finally cut away. Means were then used to prevent the prolapsus of the intestines, and, in two months, the wound might be considered as healed, with the exception of a vesical fistula. Four months afterwards, however, the patient fell a

victim to a disease of the lungs. On dissection, there were found only some trifling adhesions between the ileum and the peritoneum, the result of the operation; the cause of death being in the lungs.—*Sauter's Work.*

*First Operation of Siebold.* This case is detailed in the 3d volume of the present Series, p. 264—6. It was fatal; but the mass of disease in the abdomen rendered it hopeless from the beginning —and, indeed, an improper case for the operation at all.

*Operation of Hoelscher.* This case is also given in the same volume immediately after the preceding one. It was fatal.

*Operation of Professor Langenbeck.* Two females were operated on by this gentleman.

*Case.* A woman, 30 years of age, was received into the clinical wards of Langenbeck, in Gottingen, on the 4th of January, 1825. She had had eleven children, and enjoyed good health till within three or four months of the date abovementioned. When examined in the hospital, she presented the following symptoms: viz. abdomen painful, especially on the right side—a great deal of fetid discharge from the vagina—two scirrhous tumours in the vagina preventing easy access to the uterus—neck of the womb ulcerated—internal parietes of the organ, as far as could be felt, studded with tumours—in short, the uterus was pronounced to be, not merely scirrhous, but affected with open cancer. On the 11th of January, Langenbeck performed the operation, above the pubes. An incision being made from the symphysis pubis to within two inches of the umbilicus, the parietes of the abdomen were cut through to that extent. The intestines and bladder being kept out of the way by assistants, the operator seized the uterus with his left hand, and, introducing a long pair of scissors shut, into the abdomen, he first separated the right ovary from the uterus, and then went on detaching the organ itself, together with the scirrhous tumour above-mentioned, till the whole were removed, the operation not lasting more than seven minutes. There was very little hæmorrhage, and no protrusion of the intestines through the vagina. The patient died 32 hours after the operation. On dissection, there were seen marks of extensive peritoneal inflammation, and a large quantity of coagulated blood in the pelvis. The bladder was gangrenous.

*Second Operation of Siebold.* A female, 30 years of age, of delicate constitution, (whose mother had died of cancer of the womb, at the age of 45,) had always enjoyed good health, and had borne some children. After her fifth accouchement, she entered the hospital of Berlin, in 1824, complaining of violent pains in the region of the uterus, of a darting and burning nature, extending often to the abdomen, and causing faintness. There was also a sense of weight in the hypogastrium, with frequent and painful micturition, bad state of the bowels, nocturnal sweats, shiverings and flushings alternately. There was a discharge from the vagina, sometimes inodorous, sometimes fetid, sometimes mixed with clots of blood. The projecting portion of the os tincæ was hard and very painful to the touch. The fundus uteri was also very painful, and turned a little backwards. There were various hæmorrhoidal excrescences about the anus. The conclusion was, that the uterus generally was affected with scirrhus. The patient ardently wished for an operation, and it was performed on the 25th July, 1825. The vagina was slit on one side, and the uterus being hooked with a needle and strong ligature, was removed by means of long scissors. The operation lasted 25 minutes, the patient supporting it with the most heroic fortitude. The hæmorrhage, at first, amounted only to a few ounces; but, twelve hours after the operation, there issued from the vagina ten or twelve ounces of pure blood. The patient sank the next day. Extensive inflammation was found in the abdomen.

*Second Operation of Langenbeck.* A female servant, 28 years of age, was received into the clinical wards of Gottingen Hospital, on the 28th July, 1825. She had borne her first child at the age of 19, and a second at the age of 24 years. This last accouchement was very laborious, and instrumental aid was necessary; but she recovered well, and continued so till 1824,

when she began to experience lancinating pains in the pelvis, from time to time, especially in the left side. On examination, the abdomen was found painful on pressure; the os tincæ was projecting and hard to the touch; the uterus itself appeared sound on the right side; but, in the left, it presented scirrhous eminences, and was adherent to the vagina. From this part there was a thin sanious discharge. The finger introduced into the rectum felt the uterus hard and studded with scirrhous tubercles. The disease was, therefore, pronounced to be scirrhus uteri.

The operation was performed on the 5th August, at 8 o'clock in the morning, after proper preparation of the patient. The bladder being emptied, the perineum was incised backwards by a bistoury, in order to give more space to the operator. The surgeon took the hysterotome of Osiander, and commenced his incision in the right side of the vagina—then introducing the fingers of the left hand along the posterior paries of the vagina, between the rectum and uterus, he divided the peritoneum with the hysterotome, and enlarged the wound towards the bladder by means of the scissors. He then seized the fundus uteri with his fingers, (keeping the back of his hand towards the abdomen to prevent the descent of the intestines,) and drew it downwards, dividing the connexions, and removing the organ. The operation lasted 15 minutes. A sponge dipped in vinegar and water was introduced into the wound, and the patient put to bed. She died on the 7th, after midnight. The peritoneum was every where found coated with coagulable lymph, agglutinating the intestines together. The bladder was black—much blood in the pelvis.

Upwards of two years ago, (July 1825,) when we stated the case of Professor Siebold, we took the liberty of differing from our senior cotemporary of the North, on this point of surgery, and made the following remark. "We consider the extirpation of a uterus not previously protruded or inverted, one of the most cruel and unfeasible operations that ever was projected or executed by the head or hand of man." We still think so; and we believe we are borne out in this opinion by the results. Let us hear what Dr. Hesse says on this occasion. We shall quote from the French. "Dironsnous avec M. Siebold:—*felix quem faciunt aliena pericula cautum!* Les resultats de ces essais ont été en effet tellement fâcheux, que tout operateur trop entreprenant, devrait, ce semble, s'arreter, au souvenir de ces monumens effrayans d'un zèle poussé à l'exces."

At the same time Dr. Hesse thinks that the result of Sauter's operation prevents the door from being completely shut against total ablation of the uterus, where there is neither procidence or prolapse of the organ. All we can say is, that we conceive the *total* extirpation of the womb, and consequently the opening into the cavity of the abdomen at the part, is an operation not justified by any thing yet put upon record. The partial extirpation of the organ is quite another thing, because it does not expose the peritoneum to incision.

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### 11. Diseases of the Nail.

What a magnificently clever gentleman it is who reports from Panton Square! Why, really, if there were not another paper in the Lancet, his observations alone would be well worth the eightpence. A little while ago he set the profession to rights about the diseases of their knees, and now he has kindly consented to look to their toes. It appears that Mr. Durlachre, "the celebrated Royal Chiropedist," has lately been showing his mode of treating affections of the nail in the Hospital of Surgery, and this being an opportunity that our Matty Marvellous could by no means let slip, he has filled three mortal columns with the praise and glory of himself and Mr. Durlachre. As the method of operating seems to be really deserving of attention, we shall place it before our readers, leaving all the flowers of rhetoric, &c. behind. The principle "consists in cutting the former (the nail) through, without injuring that portion of the cuticle, which is reflected over the singularly sensible surface which lies below." The detail of a case will best explain the process.

*Case.* ———, æt. 20. The soft parts around the nail of each great toe are red, swollen, and excessively painful; the skin

at the edge of the nail has ulcerated, and a bleeding fungus has arisen. He has undergone several operations on the part without success, and each side of the nail being affected here, the operation was more complicated than usual. The root of the nail being cleaned, and the distances marked, Mr. D. with a very small fine knife, resembling Hey's cataract needle, made cautious incisions through the nail, until he had reached the epidermis below, occasionally using a small lever, to show how far he had penetrated. The nail was then gently severed from its attachments, by means of a small pair of forceps, having a rounded point with a sliding clasp. There was no pain nor bleeding, and the relief given was immediate. We certainly think this method of Mr. Durlachre's preferable to the ordinary one of introducing the blade of scissors between the nail and "quick," and so slitting it up. The pain is really excruciating, and besides, it is frequently no easy matter to cut the nail, however you may have paired and thinned it beforehand. With regard to escharotics, we are convinced that, unless the disease be quite in embryo, they will not do *alone*. —*Lancet*, 209.

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12. Fracture of the Spine—Extension employed.

J. Harlow, æt. 19, was brought into Guy's, July 16th, with injury of the spine, in consequence of a quantity of gravel falling in upon him whilst "excavating." Examined by Mr. Key, there was found depression of the spinous processes of the last dorsal vertebræ, whilst those of the upper lumbar apparently projected, in addition to which there was some lateral distortion. The lower extremities were quite paralysed, and the integuments of the abdomen devoid of sensation. Mr. Key determined to try and *reduce* the displacement of the vertebræ; accordingly, pillows being placed beneath the belly of the patient, the back was bent over them, but without effect; the man was then placed on his side, with his body bent, a napkin passed under the arms, and one above the ilia, and extension in either direction made by assistants, until the bones resumed almost their natural situation, *with a distinctly audible noise*. Mr. Key thought the patient was better, but the amelioration was trivial. *Cuc. cruent. ad* ʒvj.—*house-physic*. 17*th*. Much the same; lower extremities and bladder paralysed—little pain. *Almond mixture, with* 15 *grains of the nitrate of potash, thrice a day. Twenty leeches to the back.* 19*th*. Integument of the thigh rather more sensible—tongue furred—pulse quick. The skin becomes discoloured on very slight pressure, so that it is necessary to change the position of the patient frequently. The urine is ammoniacal, and deposits much sediment, on exposing which, with a drop of nitric acid, to the flame of a candle, it is evaporated to dryness, and a bright pink colour left upon the card. This test indicating the presence of lithic acid, Mr. Key ordered the patient to be kept on vegetable diet, with soda water for common drink. 30*th*. There has been little alteration, till the last two evenings, when he has been very delirious. From this time the patient became more and more emaciated—sloughs formed on the hips, and, on the 18th of August, he died.

*Dissection*. The arch and body of the twelfth dorsal vertebra were found to be fractured. The broken arch did not apparently press upon the cord, but an insulated portion of the body had been thrown backwards, so as greatly to compress the sheath. The transverse process of the first lumbar vertebra was also broken off. There was not much displacement of the column generally, and the portions of the fractured vertebra were much consolidated by the reparative process. The spinal marrow, where pressed upon, was pulpy and soft, and the remaining portion was not thicker than cream. The coverings were not affected. The bladder presented patches of ulceration, which passed through all the coats, and in the cellular membrane, at its fore-part, was a collection of pus. There was a small abscess in the cortical portion of the right kidney.—*Lancet*, 209.

*Remarks*. We know not what surgeons generally will say to the practice of *extension*, in cases of fractured spine, but we are pretty sure that Mr. Charles Bell will stare. It certainly does seem an awkward thing to put pillows under a man's belly, and then try to bend his

back across them, especially if that back be already broken; but we see that, in this particular instance, if it did no good, it apparently did no harm. We apprehend, however, that all these little mechanical contrivances are not likely to be so serviceable in fractures of the spine as of the cranium. The machinery of the vertebral column is so complicated, and the parts so dovetailed one with another, that a fracture is rarely the simple thing we meet with elsewhere; and besides, the patient, for the most part, sinks, not so much from the immediate effects of the injury, as from the inflammation, and consequent disorganization, of the medulla afterwards, or from affection of the bladder.

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### 13. Enlargement of the Upper Lip.

In a recent Number of the Journal de Progrès, Dr. Paillard has drawn the attention of his brethren to the treatment of this peculiar deformity. He observes that this said enlargement is generally considered as an effect, as well as a sign of scrofula. It usually appears in scrofulous subjects, and in that period of life when scrofula prevails—and it generally disappears when the scrofulous diathesis ceases, or is overcome. But we occasionally observe this phenomenon where there is no scrofula in the constitution, and it sometimes remains as a striking deformity, after the other symptoms of scrofula have entirely vanished.

If, in a scrofulous subject, we examine this swelling of the upper lip, we find the cellular tissue more abundant than natural, and infiltrated with a serous fluid —the muscles more pale and flabby than in a healthy subject—the skin very pallid or shining, and, as it were, infiltrated. Sometimes this swelling is covered with ulcerations, which discharge a matter that forms into scabs, which fall off, and are renewed from time to time. The cellular tissue, then, appears to be the seat of this affection. But the treatment differs, according as the complaint is an indication of scrofula, or independent of that diathesis. In the *former* case, local treatment is of no avail, and we must cure the local complaint through the medium of the constitution. In the *latter* case, the local treatment now to be mentioned is efficacious. This operation consists in an incision from one angle of the mouth to the other, along the inner side of the upper lip, and thus, in fact, dissecting away a mass of condensed cellular tissue forming the swelling. The hæmorrhage is very great; but it either ceases spontaneously, or may be restrained by ligature of the bleeding vessels. The operation is very painful, but not dangerous; and it removes a deformity which gives a peculiarly stupid cast of countenance to the individual afflicted with it. For the cases detailed in illustration of the above proceeding, we must refer to the Journal already quoted, vol. 3, 1827.

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### 14. Baron Larrey on Fractures.

By a private communication, we learn that the above-mentioned veteran has projected, and makes use of, an extraordinary dressing for fractured limbs. He encircles the whole of the member with compresses and bandages, soaked in gummy or albuminous substances, which, on drying, form a complete, immoveable, and inflexible case for the injured limb. This he applies whether the fracture be simple or compound, and never takes it off till the cure is completed, whatever may be the degree of swelling, infiltration, or even suppuration, that supervenes. The swelling is either prevented, or subsides, without danger—the infiltrations or suppurations are absorbed—and the process of re-union goes on safely. We think it not improbable that, in simple fractures this plan may have some advantages over the splints and bandages now in use. Baron Larrey's apparatus forms a complete shell or mould, that adapts itself to every part of the limb's surface, and thus forms a more permanent and imperturbable case for the member, than any apparatus which can be constructed of splints. There is this advantage, also, that the member is never disturbed by subsequent examinations or adjustments—a frequent source of displacement of the bones. But how far this apparatus will apply to compound fractures, especially where there is much laceration of the soft parts, or shattering of the bones, we will not venture to say. We should suppose that it never can become generally applicable in such cases.

We understand, however, that some of the Parisian surgeons are adopting the plan of the Baron.—*Vide Journal de Progrès, vol.* iv.

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15. Endermic Medication.

In a former Number of this Journal, we gave some account of M. Lembert's plan of introducing medicinal agents through the pores of the skin. M. Bally has, for three or four years past, followed up the investigation on a larger scale, and has given some short notice of the results in the Révue Medicale, for April, 1827.

He observes that, if any doubts are still entertained respecting cutaneous absorption, the endermic medication might be sufficient to dispel them. Numerous experiments have demonstrated to him the unequivocal power possessed by every part of the body's surface, for taking up, with more or less rapidity, such substances as are applied thereto. The following is a brief summary of his experiments.

The salts of morphine quickly shew their influence on the brain and nervous system, when applied to the skin. The pupils contract, and the eyes become brilliant. There is often experienced a sense of dysury or ischuria—more rarely nausea or vomiting. Sometimes a sense of pruritus is experienced over the skin. This endermic method of introducing the salts of morphine has been remarkably beneficial in neuralgic and rheumatic affections.

With belladonna applied to the insteps, our author has produced all the phenomena which that medicine is capable of exciting when taken into the stomach, such as extreme dilatation of the pupils, and diminution of vision. The extract of squill, when externally employed, induces perspiration, increases the urinary secretion, and promotes expectoration. The strychnine has been applied through the skin, and was found to affect the locomotive system, without much disturbing the sensorial functions. In some cases of paralysis from lead, the muscular power has been restored without the production of those violent convulsive succussions, by which patients are sometimes affected under the influence of strychnine when taken internally. Our author has remarked, however, that this potent substance produces, whether taken by the stomach or through the skin, an evident turgescence about the head, and much flushing of the face, which often render it necessary either to suspend the remedy or take blood from the patient.

The deuto-chlorure of mercury, when used in this way, was attended with some unpleasant consequences on the surface, although it frequently removed severe pains in the bones and other deep-seated parts. Old syphilitic complaints were entirely cured by the endermic use of mercury. There are some difficulties attendant on this endermic medication, the greatest of which is the necessity for removing the cuticle, in order that the medicinal substance may be absorbed. In those cases, however, where there are still greater difficulties in employing remedies internally, we must not be deterred by the inconvenience of denuding the surface, for the application of the agent.

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16. General Paralysis from Contusion on the Spine.—M. Broussais.

Capt. Dubray, aged 29 years, received a severe contusion on his back in the Russian campaign, during the conflagration of Moscow. He did not think much of the accident at the time; but shortly afterwards he began to perceive an inability to retain his urine, which inability increased. On the 15th January, 1821, he experienced, for the first time, some hesitation in his speech, and a few weeks afterwards, he felt some loss of muscular power in his hands. No medical advice was sought till October, 1822, when he consulted M. Broussais, who drew from the patient the foregoing history. M. Broussais recommended cupping, blisters, and fomentations to the spine, and a vegetable diet. This advice was not long followed, and the patient applied to another physician, who ordered a blister to his arm, and prescribed the vapour bath. This last remedy rather aggravated the complaint, and caused congestions about the head. Again, he returned to M. Broussais, and submitted to the antiphlogistic treatment and revulsives. Venesection, leeches, setons, the cautery,

and vegetable diet, were prescribed. By this time the paralysis had extended far and wide. He could scarcely walk, and speech was quite annihilated. He could not retain his urine, whether sleeping or awake. The treatment made little impression on the complaint. It was merely remarked that, after sanguineous emissions, the embarrassment of speech and locomotion was somewhat diminished. The disease continuing its course, M. Dubray fell into a state of apathy the most complete, and was soon incapable of supporting the perpendicular position, or retaining the fæces. Eschars now began to form on the sacrum and hips; yet still the functions of digestion and assimilation went on well, and the patient even acquired corpulency. In the beginning of 1827, the Captain shewed symptoms of plethora, which were followed by those of gastro-enterite, of which he died in the month of April, 1827. During this last illness he shewed signs of encephalic and spinal irritation, as evinced by convulsive and spasmodic twitchings in various parts of the body, with retraction of the fingers, rigidity of the members, &c. He died on the 24th April, 1827.

*Dissection.* The arachnoid presented many traces of inflammation—the cerebral substance was injected, but not softened. The same was observable in the cerebellum and tuber annulare. The pia mater and arachnoid of the spinal marrow was injected and red, especially at the inferior portion of the canal. In the cervical and upper half of the dorsal portion the spinal marrow appeared sound, and preserved its natural consistency; but about the middle of the dorsal region, it began to soften, and this softness increased as the medulla was examined downwards, till it ended in a complete bouillie, at the termination of the dorsal region.

There was some disease of the heart and large vessels, but to no great extent. The mucous membrane of the stomach and small intestines was inflamed. The liver was turgid, and the kidneys were degenerated into a fatty mass.

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17. Remarkable Nævus Maternus.

Mr. Bennett. Med. & Phys. Journ.

This case occurred at the Plymouth Infirmary, under Mr. Baldy, Surgeon. A male child was delivered, presenting the following appearances:—The mouth was extended to the utmost limits, and incapable of being closed, by the existence of a cluster of tumours of various sizes, which occupied and arose from the upper and middle part of the tongue. "The tumour bore, in appearance, an astonishing resemblance to a bunch of grapes, not in form alone, but also in colour." There was another nævus on the back of the thorax, resembling the wattle of a turkey-cock. The nævi were removed from the tongue six hours after birth, and little or no hæmorrhage ensued.

The most remarkable circumstances are still in reserve—the causes of these extraordinary phenomena.

"Fælix qui potuit rerum cognoscere causas."

When the woman was questioned whether or not she had longed for any particular object during pregnancy, it occurred to her that she had longed for grapes. The turkey-cock's wattle on the back was next accounted for, by the fact of her being frightened by a turkey-cock, when the pregnancy was four months advanced. As it might be thought uncourteous to doubt this explanation, we shall observe in the words of an eminent foreign writer:—"La medecine est trop éclairée aujourd'hui, pour ajouter foi à toutes les rêveries débitées sur ce sujet. On sait que ces taches, verruës, &c. sont causées par des vices d'organisation de la peau, par des alterations dans la distribution des vaisseaux sanguins sur le point altéré, (ce qui fait que beaucoup sont des tumeurs sanguines,) ou par toute autre lesion organique."

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18. Denarcotised Laudanum.

[Dr. Hare, of Pennsylvania.]

It is now generally acknowledged, that the unpleasant effects of opium result from a principle called narcotine by the French chemists, and Robiquet informs us, that this deleterious principle may be separated from opium by digestion in æther. Dr. Hare prepares the denarcotised laudanum in the following manner.

Some opium is to be shaved, by rubbing it on the face of a jack-plane, for example, and then to be subjected, four

times successively, to as much æther as will cover it, allowing each portion to be acted upon for about 24 hours. The opium left behind is then subjected to as much duly diluted alcohol as would have been adequate to convert it into laudanum of the common kind, had it not undergone the above process. The tincture thus obtained is the denarcotised laudanum. From the æther was precipitated the narcotine, or noxious principle. The digestion of the opium is conveniently done in a common Pappin's digester, and the æther should be kept near the point of ebullition. Dr. Dewees has tested the denarcotised laudanum in several unequivocal cases, when opium, in all other forms, disagreed, and he found Dr. Hare's preparation free from all bad effects.—*Philad. Journal, May*, 1827.

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### 19. M. Broussais' Opinion of English Medicine.

We believe we have taken more pains to make the doctrines of M. Broussais known in this country, than any other journalists on this side of the Channel; and we must do the celebrated Professor above-mentioned the justice to say, that he returns the compliment by seizing every opportunity of making English physicians and English medicine *favourably* known on the Continent. M. Broussais is decidedly the merriest man in the merriest capital of the merriest country in the world! We have shown, on former occasions, how Tommasini and Broussais formed their judgment of medical literature and practice in this country—namely, by quoting a few eccentric or unknown contributors to monthly journals, and holding up their opinions and attainments as the standard of the whole profession! As they took their texts from quotations in the foreign journals, we supposed they were unacquainted with the English language. We are sorry we cannot, on the present occasion, offer this excuse for the *manner* in which M. Broussais erects the tribunal of criticism on this nation. He evidently understands our language—quotes direct from our journals—and signs his name to the criticisms.

The Edinburgh Journal of Medical Science (now no more) is that on which the merry Professor of the Val de Grace expends whole torrents of critical wit and satire, interlarded with expressions not quite becoming the politest nation of Europe. Dr. Brown, of Sunderland, is first put on the rack, and we should suppose he has not a single joint left undislocated! The Doctor has disputed the doctrine of fever being always dependent on local inflammation, whether of the brain or the bowels. For this he is crucified, and treated with the most profound contempt. "Que repondre (says Broussais) à un homme qui confond les affections de plusieurs organes de premier ordre dans une même denomination, sans s'en aperçevoir—qui isole les affections du systême nerveux des phénomènes vasculaires?" Again, after quoting another passage from Dr. Brown's paper, he remarks, "Est-il possible de se débattre plus péniblement dans une ontologie plus tenebreuse?"

The editors of the Edinburgh Journal, also, come in for their share of M. Broussais' censure. "Nous avons été ètonné du ton de légèreté et de mauvaise foi qui y regne. Les auteurs de ces sortes de propos ne doivent plus mêmes esperer de reussir par ces miserables moyens."

Mr. Travers next suffers. After criticising the author's doctrines of irritation, M. Broussais pounces on the editors' decision respecting the merits of the work. "A more important pathological work (say they) has not appeared since the days of John Hunter. Mr. Travers is the *first* who has successfully drawn the line of distinction between the phenomena of irritation and those of inflammation, which have been so long confounded together." Upon this passage the following terrible judgment is passed—and the whole of the English faculty is, at one fell swoop, consigned to damnation! "Evidemment le *mal est radical* chez ces Anglais: tant qu'ils se contenteront d'expressions vagues et générales, tant qu'ils ne sentiront pas la necessité d'aller chercher l'organe malade—c'est-à-dire tant qu'ils seront ontologistes, *ils ne comprendront rien à l'importance de la medecine physiologique.*"

Dr. Gairdner is then shewn up. Our readers know that this gentleman has published some cases of erosion or perforation of the stomach, on which we were induced to pass some strictures, at page 87 of the

sixth volume of this series. The inconsequences of Dr. Gairdner were not likely to escape the eagle eye of the French critic. "Behold," says he, "the kind of reasoning which Dr. G. uses. There existed, during life, the symptoms of an affection of the stomach—after death there was found a lesion of structure in the organ—*therefore*, the lesion did not take place during life, but after death." We must confess, we are unable to parry the satirical shafts of the Parisian Doctor on this point.

The practice of curing gonorrhœa by camphor, as recommended by Mr. Bell, of Edinburgh, "gives," says M. Broussais, "an excellect idea of the state of medicine in England." This is not fair. In England, as in other countries, there may always be picked out eccentric or ridiculous notions and practices, the onus of which should lie on the shoulders of the individuals, and not be fathered on the whole country. M. Broussais details the case of a physician, communicated by the patient himself to the editors of the Ed. Journal, and which was treated with camphor and aperient medicines; concluding with this remark:—"Ainsi voila une urethrite qu'*une application ou deux* de sangsues, et l'usage des autres antiphlogistiques, auroient enlevée *en trois jours*, qui a fait souffrir le malade pendant près d'un mois." If M. Broussais is always able to cure a gonorrhœa in *three days*, by the application of a few leeches and antiphlogistic regimen, we must say he is very clever. He certainly would make a fortune in London by such practice!

Here we shall stop. It will probably be our own turn next to come under the lash of the renowned founder of the "Doctrine Physiologique." We shall neither deprecate nor provoke his ire; but continue, as we have done, to hold up what we consider to be good in his doctrine for the information of our countrymen, not fearing, at the same time, to object to what appears to be fanciful or erroneous. We ask no more in return from M. Broussais. But we would just suggest to that illustrious Professor that, before he judges of a whole nation or profession, he should be well acquainted with the literature of that nation or profession—and not visit the sins of a few on the many. It is possible that the Medico-chirurgical Review has hitherto escaped the censure of the acute Frenchman, because it does not permit these eccentricities to pass without comment in its pages—an advantage which it could not possess if it published original communications in the usual manner. This advantage we have not yet seen any good reason to forego.

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### 20. Blindness from a Blow on the Fifth Pair.

*Case.* W. Carter, aged 38, was received into Guy's Hospital, on the 10th April, in consequence of a severe blow on the right superciliary ridge of the os frontis, by the handle of a whip, followed by tumefaction and ecchymosis. On examination it was ascertained that the iris was not lacerated, nor was there any turgidity of the humours. There was much pain about the supra-orbital foramen, extending in the line of the nerve on the forehead. The power of vision was entirely lost in that eye—the pupil dilated—the iris entirely insensible, as was the retina. By cupping, purging, and mercury, carried to ptyalism, the transparency of the humours (which had become a little turbid) was restored, but vision appears to be lost for ever.—Dissector.

If the blindness, in this case, results entirely from the blow on a branch of the fifth pair, and without any direct injury to the humours, retina, or optic nerve, it is very curious. But, for our own parts, we do not think this is the case. We conceive that the retina was injured by the blow.

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### 21. New Method of treating Syphilis. By Dr. C. H. Dzondi, Professor in the University of Halle.

Professor Dzondi, from an experience of ten years, comes to the conclusion that the best method of treating syphilis, is not by small doses of mercury gradually introduced into the system, but by large doses quickly administered. The fundamental principles of this new method are these:—1mo. That mercury is a dangerous poison, the effects of which are much more difficult of cure than the most inveterate syphilis. 2ndo That mercury is

indispensable in the cure of the disease, in all cold countries; and is only poisonous when exhibited in a certain manner. 3tio. That the present mode of administering the remedy is, in general, inadequate to the complete eradication of the disease, except in cases where the virus is mild. In cases where it is otherwise, it either aggravates the malady, palliates the outward symptoms, or masks the disease from view. 4to. That the oxymuriate of mercury, properly prepared, is the best form of the remedy. Professor D. begins with about half a grain of the sublimate for a dose, (per diem,) and increases it to two or three grains daily. He is convinced that a large quantity may be taken in small doses, without ultimate cure; while a small quantity given in large doses will be speedily effectual. He gives the medicine immediately after taking food, and never on an empty stomach; sometimes combining opium with it, when pain is complained of in the stomach or bowels. He does not consider it necessary to make any change in the *kind* of food which the patient takes during the course. Salivation rarely takes place under this mode of treatment. The duration of the course is generally four weeks, during which, the action of the skin is to be promoted by warm air, warm cloathing, and confinement to the bed-room in cold weather. In Summer, and in very fine weather, the patient may be permitted to go out for an hour or two in the middle of the day. In order to quicken the action of the absorbents, and thus to diffuse the remedy as rapidly and as extensively through the system as possible, the patient is to take no more food than is absolutely necessary for the support of life. He does not particularly object to alcoholic, or other stimulating drink, in moderation. Sarsaparilla he considers the best auxiliary to the mercury; but by no means adequate to the cure of the disease by itself, especially in northern climes.

The above practice appears to be a modification of that which has been tried and recommended by some surgeons in this country—we mean Mr. John Cunningham and Mr. James Boyle, surgeons in the Royal Navy. They gave calomel in 20 grain doses twice or trice a day, so as rapidly to affect the system, when the syphilitic symptoms were found quickly to give way. We leave it to our surgical brethren to think on these proposals, based as they are on experience. The high character of Professor Dzondi guarantees the authenticity and veracity of any thing proceeding from his pen.

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### 22. Purpura Hæmorrhagica.

A case of this kind is published by Mr. Kingsley, of Roscrea, in the Lancet, No. 199. The patient, a man 38 years of age, stated that he had a constant discharge of dark-coloured blood from the mouth and throat, which appeared to exude from the mucous membrane, the gums being covered with sordes, and coagula of blood being seen in various places. The upper and lower extremities were sprinkled with spots, of various sizes and hues, from a very dark purple to a log-wood colour. There were but few of these on the body. Some of the petechiæ had scabbed, and formed ulcers with a yellow surface. The pulse was 80, small and soft—skin cool—bowels and urine free, debility great—good appetite—no thirst nor fever. He had had three attacks previously, and said he was cured by bark and elixir of vitriol. The same plan was now adopted; but the result was an increase of the disease, with appearance of blood in the stools and urine. The pulse was 100, firm and hard. He would not consent to be bled, and Mr. K. could only discontinue the tonics, and prescribe low diet, oranges, &c. with five grains of blue-pill at night, and a mixture of oil of turpentine and castor oil every morning. Digitalis was given through the day. No improvement took place under this plan, and it was discontinued, with the exception of the turpentine. The bark and acid again given. He still continued to get worse, and at last consented to be bled, and was put on the most antiphlogistic diet, with vinum colchici every four hours. The next day he was better. The blood was much inflamed. Bled again to twelve ounces, and the bowels to be kept open with castor oil. In two days more, the discharge of blood had ceased from all the outlets. The mouth was sore from the mercury, and considerable ptyalism ensued. While this lasted, there was no return of the hæmorrhage; but there was a relapse,

which continued several days, and ultimately disappeared, under treatment similar to that which has been stated.

Mr. Kingsley has made some sensible remarks on this mysterious disease, which often baffles every mode of treatment, and then goes off spontaneously. We have succeeded, and we have failed, with the most opposite plans of treatment. We believe, with the able and philosophic Dr. Dawson, (Nosological Practice of Physic, p. 246) that the disease is sometimes sthenic, sometimes asthenic—and, consequently, requiring different remedies in different cases.

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### 23. Bronchotomy.

Dr. Heustis, of Albania, was called to a child, three years old, who was said to be dying, in consequence of a grain of corn having stuck in its throat about a week previously. When Dr. H. arrived, he found the child suffering under impeded respiration, cough, and other symptoms of an extraneous body in the trachea. Dr. H. proceeded to the operation, and was a good deal embarrassed by the discharge of venous blood. Having exposed the wind-pipe, he carefully made a longitudinal incision, half an inch in length. He now sought for the foreign body, but without success. He pushed up a director, till the point of it surmounted the rima glottidis. Nothing could be found, and, therefore, the wound was simply dressed. The little patient seemed relieved. Two days afterwards, the grain of corn presented itself at the artificial opening, and was removed, without having undergone any material change. The relief, in this case, before the foreign body came to the wound, must have resulted from the partial breathing through the artificial opening.—*N. York Med. and Phys. Journal, Jan.* 1827.

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### 24. Physiological and Pathological Results of Extirpation of the Kidneys.

By Professor Mayer, of Bonn.

Passing over the crude speculations of the ancients, respecting the functions of the kidneys, and the rôle which this function occupies in the animal economy—passing over, also, the instances in which these organs were found wanting in fœtuses and in monsters, we shall come at once to modern times, when experiments have been made with care, and their effects accurately noted.

When Richerand extirpated one kidney of an animal, no inconvenience appeared to ensue; but, when both kidneys were removed, a morbid condition obtained, and death took place in a very few days. In all Richerand's experiments, the gall-bladder was found gorged after death. The principal phenomena which succeeded the ablation of both kidneys, were:—Vomiting, tremors, smallness of pulse, urinous odour in the liquids vomited, borborigmi, intermissions of the pulse, coldness of the body—death in three days. On dissection, some effusion was found in the abdomen, but no inflammation—venous system gorged with blood—no alteration in the chest—slight effusion into the cerebral ventricles. In some cases, the animal died in a quarter of an hour after the extirpation, and nearly the same symptoms and *post-mortem* appearances presented themselves.

Prevost and Dumas made similar experiments, and they discovered the presence of urea in the blood, after renal ablation. M. Mayer made a number of experiments, of which he has detailed ten, in a late Number of a French journal. We shall only give the results, and not the details.

1. The extirpation of both kidneys causes inevitable death of the animal, at various intervals.

2. The principal phenomena observed, were, tremors; crying, apparently from internal pains; and, finally, convulsions and death.

3. There were no well-marked symptoms of abdominal inflammation.

4. The operation is followed by the secretion, in various organs of the body, of a fluid, having all the physical characters of urine. This secretion takes place, particularly in the abdomen, chest, pericardium, ventricles of the brain, the eye, stomach, and intestinal canal. It even takes place in the cellular tissue of the liver, lungs, muscles, testicles, &c.

This urinous serum was submitted to chemical analysis, and our author's ex-

perience coincided with that of Prevost and Dumas, who also detected urea in the blood of animals, after ablation of the kidneys, corresponding with the fact, that men, whose kidneys have been affected with organic disease, have vomited up matters clearly of a urinous character. We cannot, then, says our author, deny, that a urinous liquid may be formed, under the above circumstances, in various other parts, besides the kidneys—but particularly in secreting structures.

Dr. Mayer thinks it probable that the cause of death, after these experiments, is owing to the irritation of the brain, from the urinous fluid thrown out there. —*Journal Complémentaire.*

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## 25. On Digestion.*

The offer of a prize by the Parisian Academy, a few years ago, for the best experimental essay on the subject of digestion, drew forth two competitions:—one by Tiedemann and Gmelin, in partnership—the other by Leuret and Lassaigne, in similar co-operation. Neither of the Essays obtained the prize; but both were thought so meritorious, as to be rewarded, each, with a donation of 1500 francs.

Although the industrious experimenters have been unable to clear up the almost mysterious process of digestion, yet they have thrown much light on many of the agents and agencies employed therein by mother Nature. In an article of this kind, we cannot be expected to go into the analytical operations by which the authors arrived at their conclusions—we can only exhibit an abstract of the *results* of their experiments and researches.†

1. *Mastication* being the first step of digestion, the properties of the *saliva* naturally engaged the attention of the candidates. This fluid was found to be nearly identical in all animals—to contain about one per cent of solid matters, consisting of soda, muriate of soda, muriate of potassa, carbonate of lime, phosphate of the same, a very trifling quantity of albumen, and a great deal of mucus. In the sheep, there was found a sensible quantity of *sulpho-cyanic acid*, one of the most deadly poisons—and the German physiologists proved its existence in the saliva of man. Both the German and French authors have repeated former experiments on saliva, and they agree that it accelerates solution, or rather putrefaction; but they seem to consider its chief use to be that of lubricating the mouthfuls of food, rendering sapid bodies amenable to the gustatory nerves, and preparing for the process of digestion, by *softening* the aliment. The German physiologists hazard some other conjectures as to the uses of saliva, as that its animal constituents promote the assimilation of *unazotized* matters of food, &c. but these are mere speculations.

2. *Chymifaction.* This is taken in a wider sense than we are accustomed to take it. Our physiologists consider chymifaction as the whole of the process which prepares the food for entering the chyliferous vessels—consequently including the actions of the stomach and its juices, the liver, the pancreas, and the glands of the small intestines. The candidates necessarily examine into the separate parts which the above organs play in the mysterious drama of digestion.

3. *The Gastric Juice.* The German physiologists have taken immense pains in the investigation of this interesting subject. They inform us, that the succus gastricus of a fasting stomach, is a clear, ropy, and opake fluid, nearly, if not quite, destitute of acidity. But, if the organ be stimulated by any, the most simple agent, then the secreted fluid is constantly acid, and that in proportion to the stimulation employed. The French experimenters, on the other hand, maintain that the gastric juice is *always* acid, and that its component parts are, muriate of ammonia, chloride of sodium, mucus, a peculiar animal principle soluble in water, phos-

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* Leuret, Lassaigne, Tiedemann, Gmelin.

† In the construction of this article, we have availed ourselves, in addition to the original works, or their translations, of some extensive analytical portraits of the Essays in question—one in the Journal Complementaire, for September, 1826—another in the Revue Medicale, for May and June, 1827—a third in the Edinburgh Journal, for April and October, 1827, and a fourth in the Nouvelle Bibliotheque Medicale, Mai, 1827.

phate of lime, and *lactic* acid. They deny the accuracy of Dr. Prout, in his inference, that free hydrochloric acid is disengaged during digestion. The Germans make the gastric juice, as obtained from the horse and the dog, to consist of mucus, osmazome, salivary matter, alkaline sulphates and muriates, (the alkali generally soda) phosphate and muriate of lime, with some other unimportant ingredients. They maintain, contrary to Leuret and Lassaigne, that the acidity (in the dog) is owing to muriatic and acetic acids—to which (in the horse) is added the *butyric*. They support the deductions of our countryman, *Prout*.

Both parties agree that, when the gastric juice is secreted in consequence of the stimulus of food, the chymous mass is always acid, the Germans maintaining that the acidity is greater, in proportion to the indigestibility of the food. Thus, in dogs and cats, the acidity was greatest when they were fed on albumen, fibrin, bones, gristle, and the like, while it was less when the aliment consisted of starch, gelatin, potatoes, rice. When fed with liquid albumen, the gastric juice contained nearly enough of alkaline ingredients to neutralize the acid. The quantity of gastric juice secreted during digestion was found to be much greater than people are aware.

As to the power of the gastric juice, in dissolving substances out of the body, both German and French agree, with Spallanzani, Gosse, and others, that it has such power, contrary to the deductions of Montegre, and the French school generally. The solvent properties of the succus gastricus would now seem to be indisputable. The German physiologists endeavoured to ascertain whether this solvent power of the gastric juice could be explained by the action of the different constituent parts, separately, on substances. Their experiments are not complete, and they do not appear to have tried to imitate the gastric juice by a *combination* of all its component parts.

4. *The Muscular Power, or Churning Process of the Stomach.* This is attributed by the German physiologists to the influence of the par vagum—and they appear to attach no other influence or power to these nerves, in the process of digestion, than that of moving forward the digested layers of food towards the pyloric orifice of the stomach, thus permitting new portions of the alimentary mass to come in contact with the coats of the organ. The younger Legallois, who reviews the works above-mentioned in the REVUE MEDICALE, comes to the same conclusion, in opposition to the experiments of Dr. Philip. We see, from this, how difficult it is to come to positive conclusions where muscular power and gastric juice are both necessary, in this way, to the digestive process. Before quitting this part of the subject, we may allude to the curious phenomenon observed by M. Gendrin, when the eighth pair of nerves were divided—namely, inflammation of the mucous membrane of the stomach. Will this throw any light on the inflammation which takes place in the mucous membrane of the bladder, when the spinal marrow is compressed, or otherwise materially injured, as we generally find to be the case?

5. *Intestinal Digestion.* In proceeding to this part of the subject, it is necessary to revert to the secretions poured forth by the organs auxiliary to digestion, as the pancreas and liver. The succus pancreaticus has been carefully attended to by both the German and French experimenters. They all agree that the *quantity* of this fluid is very small. The French say it is always alkaline; while the Germans aver, that what is collected *at first* is freely acid, and afterwards becomes faintly alkaline, the change being ascribed to the perturbation occasioned by the operation. In respect to composition, Leuret and Lassaigne consider it similar to the saliva, and this, indeed, is the general opinion of physiologists. But Tiedemann and Gmelin differ materially from the French physiologists on this point. They affirm that the succus pancreaticus differs from saliva, in never containing sulpho-cyanic acid, free soda, or mucus—in being acid in its natural condition—and in containing a larger proportion of albumen. The fact is, as Magendie has stated, that nothing is known of the purpose which the pancreatic juice serves in the process of digestion.

6. *The Spleen.* Messrs. Leuret and Lassaigne have made some interesting experiments in regard to the function of the SPLEEN, seeming to lean to that the-

ory, as the most probable, which considers this organ as a diverticulum for the blood during digestion. We know that when the stomach and intestines are distended with food, there is an increased afflux of blood to the whole villous membrane of the alimentary canal, and, therefore, an additional quantity of blood to be returned through the portal vessels. But, as these are not well calculated for forwarding this mass of fluids, it follows that the meseraic veins must become gorged—unless the splenic vein ceases to discharge the usual quantity into the vena portæ. A diminution of its discharge is probably effected by a distention of its minute ramifications. The French experimenters found that a dog's spleen, which usually weighs but a few ounces, weighed 24 ounces, in two hours after the application of a ligature to the vena portæ. In most animals, the spleen has a rosy tint, when they are fasting—becoming of a blueish colour when chymification has begun, and acquiring a blueish *black* colour and turgidity when the chyme has passed the pylorus. The theory is specious, and not entirely new; but it is far from being unexceptionable.

7. *The Liver.* The LIVER and its secretion are next to be considered, as auxiliaries in the work of DIGESTION—and, as many of our modern doctors would say—in the work of INDIGESTION.

The BILE has been analyzed by the French candidates, and its composition was found to agree very nearly with the analysis of Thenard, (resin, picromel, and yellow colouring matter, as organic ingredients, and phosphate, muriate, and sulphate of soda—muriate of potass, phosphates of lime and magnesia, free soda, and a little iron, as saline ingredients,) together with cholesterine discovered after Thenard's analysis. The German physiologists, however, have discovered several other organic principles in the bile, shewing it to be one of the most complex of the animal fluids. They nearly agree with Thenard and the French candidates, as to its saline ingredients; but they consider the picromel of the former as a compound of resin of bile and a crystalline principle, possessing all the properties of sugar, except that of fermenting—and containing azote, so as to resemble exactly the sugar of gelatin, as procured by Braconnot. They still allow this compound, which has the property of rendering the resin soluble in water, to retain the name of picromel. In addition, they have discovered the existence of *asparagin* in the bile, and this substance appeared in the form of colourless crystals, soluble in sixteen parts of water—not soluble in alcohol—very soluble in nitric acid. This biliary asparagin has also the property of rendering the resin of bile soluble in water. Besides the above principle, they have also discovered in bile, the mucus of the gall-bladder, casein, albumen, gliadine, (that part of glutin soluble in alcohol,) a little osmazome, oleic acid, margaric acid, acetic acid, and a new, or *cholic* acid. They have made many other discoveries respecting the component ingredients of the bile, which we think it needless to record. Enough has been said, to shew that the bile is a compound which the chymist will not easily imitate! We shall state one observation on the means of detecting bile. When nitric acid is added in small successive portions to fluids containing bile, it causes first a green, then blue, next violet, and, lastly, a red colouration, which becomes yellow on standing, or on the addition of a large excess of acid.

*Use of the Bile.* Our readers are well aware that Mr. Brodie made some experiments, a few years ago, from which he was led to infer that the bile was necessary for *chylification*, since no chyle could be found in the intestines or lacteals when the excretory duct of the liver was tied, although the ligature did not prevent *chymification* in the stomach. The results of Mr Brodie's experiments were confirmed by Mr. Mayo. Unfortunately for experimenters, the researches and operations of both the German and French physiologists have given the negative to the experiments of Brodie and Mayo, as they have found the chylifactive process go on in those animals whose biliary ducts were secured by ligature. The German candidates remarked that the animals so operated on, were first attacked with vomiting soon after the ligature was applied—then with thirst and aversion to food. On the second or third day, the eyes became yellow—stools chalky and fetid—urine yellow. Some of the animals died—some were killed. Of the latter, some had recovered from the jaun-

dice—owing to a remarkable phenomenon observed also by Mr. Brodie, the re-establishment of the obstructed bile-duct. They observed that chymification went on as before; and, in the small intestines, they found nearly the same principles as in sound animals, with the exception of those derived from the bile.* The contents of the great intestines were also nearly the same as in healthy animals, excepting the absence of the biliary principles; but these fæcal contents emitted an exceedingly fetid and unpleasant odour. The lacteals and thoracic duct contained abundance of yellowish fluid, which coagulated like ordinary chyle, the crassamentum acquiring the usual red colour—in short, the only difference was, that in the animals experimented on, the chyle was never found white. The reason which they assign for this is, that where the bile is obstructed, the fatty matters of the *chyme* are not dissolved and mixed with the rest of the fluid, thus giving it the white colour in healthy animals. This explanation seems supported by the fact that, when animals are fed on food containing no fat, the colour of the chyle is not white. The German professors, then, confine the use of the bile (as far as chymification is concerned) to the solution of fatty matter in the chyle. We do not think that they are by any means authorized to draw such a conclusion. They go on, however, to other supposed uses of the bile. They attribute to it a stimulant property, by virtue of which it excites the flow of the succus intestinalis, as is pretty clearly proved by the dry state of the intestines in jaundiced subjects, and in animals whose bile-ducts have been tied. They also think it probable that the bile stimulates the intestinal muscles into action. Thirdly, it may contribute to azotize or animalize those articles of food which do not contain azote. Fourthly, they believe that it tends to prevent the putrefaction of food during its course through the intestines. Fifthly, it tends to liquify and dissolve the fatty matters in the food. Lastly, the physiologists in question are disposed to allow that the bile is an important *excretion*—and that the liver is highly useful in throwing off a considerable proportion of carbon, which is not thrown off by the lungs in a state of oxidation. The authors endeavour to support this doctrine by many ingenious arguments drawn from anatomy, human and comparative, as well as from physiology and even pathology. But we need not pursue this subject any farther. Those who attentively observe the phenomena presented to their view, both in health and disease, are well aware of the important part which the condition of the bile plays in the animal economy, in both the above states.

8. *Succus Intestinalis.* The German professors observed that, in animals which had fasted long, there was seen, on the inner surface of the intestines, a thin layer of firm mucus, of a faint yellow colour. They also observed that, if pebbles or pepper had been swallowed a little before death, a quantity of thinner ropy mucus, and an augmented secretion of bile had been poured out. The French physiologists, moreover, observed that, when the villous coat of the duodenum was exposed and cleaned, and then touched with diluted vinegar, the membrane immediately exhaled a clear fluid, while the biliary and pancreatic ducts discharged much bile and pancreatic liquor. It is evident, however, that the exact composition of the succus intestinalis can never be correctly ascertained, as it cannot be obtained free from admixture of other

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* Legallois, in reviewing this part of the German work, observes that Magendie found the chyle white in two instances after ligature of the biliary duct; but that the attendant circumstances are not sufficiently detailed. The French physiologists took especial care that the animals had fasted a long time after the ligature, and that their bowels should be well cleared before the new food was introduced. Under these precautionary measures, the thoracic duct was found distended with a yellowish fluid nearly transparent, and having a saltish taste. The experimenters regarded this as genuine chyle; but Legallois remarks: "Cependant il faut avouer que son analyse chimique le rapproche singulièrement de celle de la lymphe, telle que l'a donnée M. Chevreul: il n'en differe essentiellement que par une difference de quelques centièmes dans la quantité de la fibrine." —Rev. Med. p. 258.

secretions. Both classes of experimenters believe that it possesses the power of dissolving the food. There cannot be a doubt that a finish is given to the assimilation of chyme as it passes along the intestines. It was ascertained that the acidity of the chyme diminished as it descended lower in the bowels, and that it entirely disappears in the cæcum.

9. *The Chyle.* In respect to the CHYLE itself, there is not much to be said. The German physiologists deny that it exists at all in the intestines; while the French maintain that it may be found even in the stomach. They all agree as to the material chemical ingredients in that fluid. Dr. Marcet's analysis is substantially corroborated. The chyle is known to consist of two portions—serous and fibrinous; the latter separating, like that of the blood, by spontaneous coagulation. The firmness of the coagulum would seem to depend, in a great measure, on the quantity of fibrine. Chyle, however, scarcely coagulates before it has passed the mesenteric glands. After that, the fibrine begins to appear, and is much more abundant after the addition of the lymph from the spleen, which contains a large proportion of fibrin. The quantity is lessened in the chyle of digestion—and increased in the chyle formed after ligature of the ductus communis choledochus. It abounds in the lymph from the lower extremities.

In like manner, the chyle contains no red particles before passing the mesenteric glands; but does so immediately afterwards—and more especially after mixing with the lymph from the spleen. The chyle frequently contains fatty matter—but little or none after fasting, or if the animal is fed on matters not containing fat—most of all, when the food is very fat; when, for example, butter is mixed with it. This fatty matter does not appear to be dissolved, but exists in a state of minute division and suspension, giving the chyle its peculiar white colour. The serum of the chyle is generally alkaline. From the above and other facts, the German physiologists infer that the fibrin, the colouring particles, and the albumen of the chyle, are supplied either not at all by the intestinal lacteals, or at least, in much less quantity than by the lymph, which is formed by the blood; that the food supplies chiefly fatty matter and other principles soluble in alcohol, especially osmazome. These inferences are liable to some objections; but we have not time or space for going into the subject farther in this place.

In conclusion, it will be remarked that, although no brilliant discovery has been made, yet many interesting facts have been brought to light, which may ultimately bear on the practice of medicine as well as enlighten our views of the animal economy. On this account, we have endeavoured to draw up an exposé of the labours of the above-mentioned distinguished physiologists in as concise a form as we possibly could; and hope that no very material facts have been omitted, short as our analysis has necessarily been.

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## 26. PYTHAGORAS REDIVIVUS.

Sir George Gibbes has published a short paper in the November number of the Medical and Physical Journal, the tendency of which is to revive the ancient doctrine of Pythagoras. It has long, indeed, been admitted, that no particle of matter can be annihilated. It may change its form, but still it is matter in some shape or other. Sir George considers it well ascertained, "that all the animal tissues are resolvable on decomposition into minute bodies, which, in water, and under the influence of the sun, possess life and activity." These animalcula, or ultimate points of vital activity, cannot be further decomposed, except by fire, which renders them amenable to chemical laws, and changes them into gas.

The vitality and activity of the INFUSORIA depend on the influence of the sun, under which every pool of water becomes tenanted by myriads of them. The sun, then, the source of life as well as light, supplies the vitality in all the endless variety of organised and living action, "and modifies matter, in all these processes, in a manner totally different from all physical and chemical principles." In the dissecting room, our author observes, vitality is not lost, although the life of the individual is gone; "for every part of the organized structure resolves itself into new arrangements, and myriads of vital rudiments re-assert their rank in the living world."

This is precisely the doctrine of Pythagoras, as versified by Darwin.

"————————the restless atoms pass
From life to life, a transmigrating mass."

"Thus, manures supply them (living animalcula) to the growing vegetables, and digestion prepares them for the use of animals." Thus, the human fabric is built up by innumerable myriads of living rudiments, with powers totally different from those of chemistry or physics.

More than 30 years ago, our author instituted a series of experiments, that appeared, then and now, conclusive, as to the essential purpose which the animalcula infusoria perform in the growth of vegetables. He examined with a microscope the green matter which forms on water, the animalcula infusoria, and the fibrillæ of the roots of other vegetables, whilst growing in water. "Myriads of animalcula," says he, "may be seen around the extremities of such vegetables, and it appears that these minute living bodies agglutinate themselves together, and *absolutely themselves become the added part;* so that the fibres seem to be nothing more than a congeries of these animalcula, forming the growing part." Again:—"If a bason of water be half shaded from the sun, whilst the other half is exposed to its rays, we find the shaded water to be without animalcula, whilst they swarm by myriads in the exposed portion." If a sprig of mint be placed in this water, the fibres of the roots extend and grow in the illuminated portion, but make no advance in the dark part. The animalcula are seen to be supplied on the one side, and to fix themselves on the ends of the fibres, increasing them longitudinally. On the other side, the animalcula being absent, the roots do not grow. The increase of the several parts of vegetables seems entirely dependent on the supply which they receive of these animalcula by the roots, leaves, &c. "for the leaves and blades of corn, even when growing in a room, are terminated by drops of water, evidently supplying these monades, which arrange themselves according to the necessities of the growing vegetable, and according to the impulse originally given, and continually supplied by the seed of the plant."

These views are certainly very ingenious, and by no means improbable. We shall be glad to see Dr. Gibbes's application of them "to the actions and functions of the animal system."

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### 27. The Instrument of Justice.

In the November Number of the Medical and Physical Journal, Mr. Mayo, surgeon to the Winchester Hospital, has related an interesting case of a fleshy tumour, occupying the greater part of the temporal fossa of the right side, in a young man, on whom Mr. Bell had previously operated at the Middlesex, without success. The tumour had an elastic feel, and was now disposed to protrude the ear. The patient was anxious for an operation, and Mr. Mayo attempted to remove the swelling by excision; but, finding it adherent to the cranium, which felt rough, as if from absorption of the external table, he cut away as much of the diseased mass as he could see or feel, and then filled the cavity with lint, dipped in oil of turpentine. In about a week, a fungous substance, resembling the original tumour, began to protrude, and various escharotics were employed, to check the morbid growth, without effect. Under these circumstances, a consultation was held, and it was deemed advisable, as a dernier resort, to tie the carotid artery, and, by thus cutting off a great supply of blood, to arrest the progress of the tumour. The operation was performed without accident; but the advantage was only trifling and temporary. The tumour slowly increased, and sometimes bled profusely. He became affected with fits, resembling epilepsy, and was finally worn out.

On dissection, the brain was found adherent to the dura mater, at the part, and, when peeled off, (from within) the pia mater and substance of the brain appeared to have been absorbed by the pressure of the tumour, which now presented itself, passing through a portion of the temporal and parietal bones, and occupying the temporal fossa of the sphenoid bone within the cranium, still closely covered by the dura mater. The tumour weighed about two pounds, appeared to be of uniform consistence, and resembled pancreatic sarcoma. The morbid growth is preserved in the Windmill-street Museum.

And now for the INSTRUMENT of JUSTICE—the LIBERAL JOURNAL! The case is thus *fairly and properly* introduced. "Editor Roderick, with considerable generalship, has placed the account of this immediately previous to Mr. Earle's case, *in order that the reader might be led on, step by step, from one USELESS operation to another.*" The *whole account* of the case is then given, in the *minutes of dissection*, without stating one single iota of any thing that happened previously to the *post-mortem* examination—thus *judging* a medical practitioner, not by the events which occurred, or the phenomena which presented themselves *during the life* of a patient, but *solely* by the appearances *on dissection!!* We appeal to every honest man in the profession, whether the annals of the Inquisition, or the tribunals of Turkish despotism, ever presented so diabolical a judicial proceeding as the above! Yet, this is the Journal which boasts of its *independence*, while it proves itself, in every number, the fiend-like tool of a faction, without a single spark of judgment, justice, or liberality, in its composition. But, henceforth we shall be in a position to *quickly* disseminate the antidote with the poison of these scandalous delinquencies, and flagrant violations of equity and truth—by which we hope "to do the state some service."

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## 28. SECTION OF THE PNEUMO-GASTRIC NERVES.

[M. DUPUY. Veterinary School of Alfort.]

It is now ascertained, beyond all doubt, that section of the par vagum, on both sides, destroys an animal, say the horse, in a few hours, by paralyzing the muscles about the larynx, and thus causing asphyxia. When death is thus produced, we cannot properly ascertain the real effects of the interruption of the nervous influence on the stomach, lungs, and other organs. M. Dupuy, therefore, in his experiments, opens the trachea of the horse, by which the animal is made to live from fifty to sixty hours. The gentleman in question has laid some experiments lately before the Medical Society of Paris, in which the effects of the pneumo-gastric section are shewn. Thus, the nerves were divided in both sides of a horse's neck, and portions cut away. Tracheotomy was then immediately performed. The animal was carefully examined at certain periods, and also bled before and after the operation, in order to ascertain the effects of the section on the blood, as well as on various functions. Two hours after the section, there was no alteration in the functions of respiration, circulation, &c. The animal continued to eat as before. In four hours, the breathing was accelerated—the blood from the carotid was now darker in colour than before—the animal ate and drank, but deglutition seemed performed by a convulsive action, and liquids returned by the wound in the trachea. At the end of 16 hours, the breathing was slow and deep—much mucus flowed from the wound in the trachea, and the food returned by the same aperture—the action of the heart is much weakened—arterial blood is now nearly as dark as venous. The fourth examination, at the end of 28 hours, shewed no material alteration. At 40 hours from the operation, the animal had great difficulty in swallowing—the blood from an artery was quite black—the œsophagus was felt to be crammed with food—and the horse was comatose. At 52 hours, the breathing was stertorous, and he soon died.

*Dissection.* There was nothing wrong in the brain. All the parts forming the aperture in the larynx were swelled and red, so that the passage was almost entirely closed. The mucous membrane of the larynx and trachea was red, and otherwise discoloured, but these were considered cadaveric phenomena. The lungs were inflamed and hepatised—the bronchia were filled with mucosities. The substance of the heart was much softened, and its cavities filled with black blood. The œsophagus was filled with alimentary matters, as were the pharynx and nasal cavities. The stomach was filled and distended with food almost dry, and adherent to the mucous membrane of the organ, which was of a red colour. There was no chyme in any of the intestines. The liver was enlarged—and there were several large black spots on the spleen.

From the above, and other experiments of a similar kind, it is evident that section of the pneumo-gastric nerves stops the sanguifactive (arterializing) process in the lungs—paralyzes the œsophagus—and puts an end to the secretion of

gastric juice, and, consequently, digestion, in the stomach.

The experimenter found, in this, and several other cases, that a peculiar effect is produced on the spleen by these operations—namely, that its blood is changed, and capable of *producing* a disease in other animals, when introduced by a puncture, which affects *their* spleens and causes death. The same was found to be the case with the spleens of animals living in marshy countries, where intermittents prevail. This is a very curious and interesting fact, which seems to be corroborated by one related by M. Adouard, and which we shall append to this paper.

### Pemphigoid Affection of the Spleen, producing a Contagious Material.

By M. Adouard.

The following case was published at the time of its occurrence in the Annals of the Medical Society of Montpellier. It is here republished, for the reasons abovementioned.

A French cavalry soldier was affected for some time with ague, in the malarious countries about Lodi. When M. Adouard took charge of the Military Hospital, this man was cured of the ague, but laboured under a considerable enlargement of the spleen. This was much reduced by proper means, and the patient was nearly re-established in general health, when he suddenly expired one morning, without any thing to account for the fatal event.

On dissection, nothing could be discovered except the enlargement of the spleen, on the surface of which, were several phlyctenæ, of different sizes, elevated, nearly colourless, and containing a yellowish fluid, like that of pemphigus. A drop of this fluid came in contact with a chap on one of M. Adouard's fingers, and caused instant stinging pain. This was followed, in eight hours, by such constitutional disturbance as to force him to quit a company in which he was spending the evening, and retire to bed. At midnight, he had a severe rigor of two hours' duration, followed by intense fever, and, ultimately, by perspiration and comparative apyrexia. Next day, there was an ugly looking pustule on the part affected, and his whole mental and physical powers were prostrated. Great swelling and inflammation of the hand and arm followed, with fever of a *remittent character*, but extremely severe. On the 7th day, he was delirious, and a copious perspiration solved the fever. A large suppuration had formed among the muscles of the fore-arm, which was opened, and then the patient rapidly convalesced.

*Journal Général.*

The above case may be considered, by many, as analogous to those of dissection wounds; but, if M. Dupuy proves that blood or the contents of phlyctenæ in the spleens of animals produce, by inoculation, similar diseased states of spleen in other animals, as he pledges himself to do in a Memoir about to be published, the case will assume an importance beyond that of common dissection wounds. We shall lay before our readers an early account of the promised Memoir.

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### 29. Fatal Exhalation of Blood into the Stomach.—(M. Adouard.)

Pathological anatomy has clearly proved that great effusions of blood may take place into the substance of the brain and the lungs—or into the cavities of the viscera, as well as of the thorax and abdomen, by a kind of exhalation, leaving no trace of ruptured vessel. The following is a remarkable example.

A soldier, of lofty stature, and sanguineous temperament, in the prime of life, became affected with tertian fever at Rome, during the French occupation, and was in the Military Hospital for cure. One day, when it was the period for the return of a paroxysm, he was seized with a strange sense of general malaise, and called out for the nurse. In a few minutes he fainted; and, on reviving from this, he threw up some blood from his stomach, and expired.

On dissection, the stomach was found distended by an enormous clot of blood; but the most careful examination could not detect the source of the hæmorrhage.

Some of the sudden deaths which we hear of, and which are not investigated by dissection, are caused in this way. Was the above congestion in the vessels of the stomach a fatal substitute for the ague paroxysm that ought to have occurred?

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30. Case of Catalepsy. By Mr. North.

Hysteria, the mocking-bird of nosology, appears far more frequently in the garb of other diseases than in its own common and unequivocal character. Catalepsy, we consider as one of the Proteian shapes of that multiform disease, in despite of the authority of Cullen, who looked upon it as a species of apoplexy, and, indeed, doubted its existence—of Frank, who regarded it in the light of a convulsion, and of Sauvages, who refers it to comatose debility. We think Mr. North is right in applying the term *Hysterical*, to the case of Catalepsy, which he has lately related in our cotemporary, the Medical and Physical Journal, and which we consider to be a fair specimen of that rare form of disease. The late Dr. Good, with his usual fondness for multiplying distinctions without difference, places catalepsy in the genus Carus, making it the second species, the first being Ecstasia. One of the best authenticated cases, of late years, is that published by Dr. Gooch, in the last volume of the College Transactions, and analyzed in a former number of this Journal. But we shall now notice Mr. North's case.

The patient, as usual, was a young female, who arrived in London, much fatigued by her journey, and in a state of great mental anxiety, resulting from a love-affair. First, she had pain and swelling in one of her feet—then intense pain in her head, with slight hysterical paroxysms, &c.—in short, each day presented a new form of disease, which at last so puzzled her medical attendant, (not Mr. North) that he thought the devil must be in the girl! A physician was consulted, and pronounced the complaint hysteria. When Mr. North was called, the young woman was supposed to be dying. She was apparently in a profound sleep, into which she had fallen after a violent attack of hysteria. No motion could be perceived in any part of the body—no pulse in any artery—scarcely any action of the heart—no respiration—pupils contracted—temperature of the body below par. She drew in a gentle but deep inspiration about every ten minutes. *A stimulating enema, and four drops of oil of croton on the tongue.* She continued in this state for twelve hours, when a slight hysterical paroxysm dissolved the spell. The next shape in which Proteus appeared, after an interval of a few days, was a violent trembling of the whole body, succeeded by a short sleep, and then an attack of hysteria. In a day or two afterwards, the real cataleptic phenomena were developed. "She resembled a figure of wâx which might be moulded to any form. In whatever position she was put, she remained as immoveable as a statue, however awkward and fatiguing it might be. She was, for instance, placed in a sitting position, with her arms in a boxing attitude, and thus she remained till the caprice of the bye-standers put her into some other form. One eye was opened to its full extent, the other at the same moment closed. It remained fixed, and the pupil as perfectly contracted and immoveable as before. The globe of the eye appeared quite insensible to the touch, as did the other parts of the body." On two or three occasions, she was placed in a standing position, with her limbs in various attitudes, which would, with difficulty, have been assumed, even for a moment, by a person in health, and which could not have been so long supported by voluntary efforts. When the nervous influence was expended, the muscles suddenly relaxed, and, if standing, she would fall as if struck by a cannon ball. She continued in this cataleptic state, with intervals of various duration, for a fortnight, and then the malady assumed the form of chorea. After this, her breasts swelled and became very painful. She was sent to St. George's Hospital, where the same curious alternation of symptoms occurred. She is now in the country, and still suffers from violent attacks of hysteria.

Mr. North makes many judicious observations on those diseases which partake of the hysterical character, and which mislead young practitioners so much, especially by inducing them to make use of depletive measures, which generally aggravate the hysterical disposition, and multiply the puzzling forms of disease. In most forms of hysteria, however, the secretions are depraved, and the bowels torpid or irregular. This was the case in Mr. North's patient, and authorized purgation. But even this measure may be carried too far

in hysterical females. We have seen it do much mischief.

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### 31. Incisions in Erysipelas Phlegmonodes.

The late debates in the Medico-Chirurgical Society (continued for three nights in succession) on Mr. Lawrence's paper on Erysipelas, have excited considerable sensation; but we shall defer all remarks upon the subject till the paper is published in the forthcoming volume of the Society's Transactions, when we shall dedicate a long article to erysipelas. In the mean time, in order that every man may have his due in the merit of introducing an important remedy (incisions) into practice, we shall lay before our readers the following extract and case, which latter occurred at the Westminster Hospital more than four years ago, and in which the practice of Mr. Hutchison was successfully employed by Mr. Guthrie long before it was introduced by Mr. Lawrence at Bartholomew's. The case will, also, tend to shew Mr. Guthrie's views as to the cause of the bad symptoms in erysipelas phlegmonodes, and the reason why relief is so suddenly obtained by one or two long incisions carried through the skin and cellular membrane, but not through the fascia.

"This species of inflammation is usually the consequence of injuries; the skin assumes the erysipelatous tint, although it is in general something of a brighter colour. The part swells more rapidly, does not admit of the impression of the finger being made with the same facility as in either common erysipelas, or in the œdematous inflammation, and does not retain the mark in the same manner. There is clearly a thickening of the parts beneath the skin, which is also evidently on the stretch, is very tense, and therefore glistening. The pain is considerable; it is not, however, either, or the whole of these symptoms which attract particular attention, it is the rapid depression and derangement of the nervous system. The altered and subdued appearance of the patient from the previous day, his hurried manner, the quickness and irritable state of the pulse, the foulness of the tongue, heat of skin, and towards night a state of wandering or delirium, indicating the extent of irritation. If relief be not obtained, the swelling extends along the limb, the skin becomes of a darker colour, the erysipelas affecting it passes beyond, and is the precursor of the inflammation of the subcutaneous tissue; the distinction between them is well marked, and cannot be mistaken. The firmness of the part first affected has by this time yielded in some degree; its resistance or elastic feel is less evident, and it has obtained a springy fluctuating feel to the touch, which is peculiar, and which it has acquired before any matter has formed. On making an incision into the part at this period, the cellular tissue will be found to have changed its characteristic for a gelatinous appearance of a light leaden colour, which it obtains from the deposition of fluid into its cells, nearly in the act of being converted into pus. The septa composing the cells have not at this period lost their life, and the fluid does not at first exude, as it will be found to do a few hours later, when the matter deposited has become purulent. When this change has taken place, the patient is obviously in the greatest danger, and if the cause of irritation be not removed or alleviated, he will in many instances die under the most marked symptoms of irritative fever of a typhoid type. When the powers of the constitution are equal to sustain and resist this state of disease, relief is obtained by the sloughing of the skin, and the discharge of the matter beneath. The skin is however exceedingly tough, and before it yields and dies, the fascia beneath the cellular membrane is often destroyed, and the muscles are implicated and exposed. Mr. C. Hutchison thinks 'pus is seldom formed in the substance of the adipose part of the tela cellulosa exterior to the aponeurotic expansion, that is, between this membrane and the skin; its most common position is beneath these parts, and in immediate contact with the muscles.' This opinion does not accord however with my observation; the sloughing of the fascia, and the formation of matter beneath being most frequently caused by the continuance of the disease, and rarely occurring when the proper method of treatment has been adopted. Mr. Hutchison recommends several small incisions to be

made, about an inch and a half in length, and from two to four inches apart, varied in number from four to eighteen, according to the extent of surface the disease is found to occupy. I have found one or more longer incisions answer equally well, and they appear in many instances to be preferable, giving more decided relief, as one incision can sometimes be made so as to be very little remarkable, whilst several smaller ones occasion more deformity. On making an incision at an early period, the leaden-coloured and slightly gelatinous appearance of the cellular membrane will be readily perceived, and the state of tension of the skin will be immediately estimated by the retraction of the edges of the wound, one of four inches in length separating two in width. Sometimes a considerable quantity of blood will flow from the divided surface, but this will in general be greater if the incision be carried through the fascia, which is seldom necessary at an early period of the disease. If the operation has been delayed until the springy fluctuating feel, communicated by this gelatinous state of the cellular membrane, be changed into the more marked feeling which is communicated to the foot when stepping on a bog or quagmire, the cellular membrane will have been destroyed, the skin will have been undermined, a part of it must be lost, in spite of the operation, which will only be in time to allay the constitutional symptoms, and thereby perhaps save the patient. I attribute these violent constitutional symptoms, not to the formation of matter, or the sloughing of the cellular membrane, but to the stretching and over-excitement of the skin when in a state of inflammation, caused by the swelling of the parts beneath; whence the relief obtained from the incisions. This opinion seems to be confirmed by the fact, that the constitutional symptoms subside, and the patient is placed in safety, although the incisions should not have been made until after the whole of the cellular membrane had passed into a sloughing state, and which process must be afterwards completed, and the parts separated, before the cure can be accomplished. The following case is so striking an instance of the efficacy of long incisions, and of their capability to remove the greatest constitutional irritation, that I do not consider it necessary to adduce more.

"Thomas Key, aged 40, a hard drinker, admitted into the Westminster Hospital, as an accident, on October 21, 1823, at night, and under my care, in consequence of falling and striking his left arm against a stool four days previously, which had given rise to erysipelatous inflammation. He was smartly purged with calomel and jalap, on his admission, which was followed up the next day by small doses of the antimonium tartarizatum and sulphate of magnesia, so as to cause both vomiting and purging. In the evening he lost twenty-five ounces of blood from the temporal artery. The arm was very much swelled, the skin of an erysipelatous redness, very tense, elastic, springy, and yielding a sensation of fluctuation, the inflammation being evidently deep-seated; pulse one hundred and twenty, strong, tongue dry and furred, great thirst, skin hot, is very restless, unruly, and wandering. After the bleeding he became quiet, a profuse perspiration broke out over the whole body; he appeared relieved and comparatively tranquil. Fomentation, and poultices were applied every three hours to the arm.

"On the 30th, his state not being improved, a consultation was held to determine on the propriety of making incisions into the inflamed part; but this was considered improper by the parties consulted, and saline medicines with small doses of tinct. opii were substituted.

"October 31. *Pulse one hundred and thirty*, he is weaker and more irritable, was delirious all night, and in a state of great restlessness, countenance sunk, skin dry and hot, tongue furred, and altogether in a state of extreme danger. The arm greatly swelled, of a darker colour, and giving to the touch a strong fluctuating boggy feel. I made two incisions forthwith into the fore arm; one on the back part eight inches in length, the other five inches long on the under edge in the line of the ulna down to the fascia, which was in part divided, and one vessel bled freely. There was not any matter beneath it, but a considerable quantity of serum and matter of a gelatinous appearance was discharged, mixed with venous blood, but no pus. The incisions did not give much pain.

"November 1. *Pulse ninety* and steady; tongue furred, but rather moist; heat of skin moderate; slept occasionally during the night, and was much quieter; says himself he had a good night. The arm is less swelled; the cellular membrane is evidently sloughing, and this state extends beyond the extremities of the incision on the back of the arm, which was therefore augmented to the extent of eleven inches. Ordered to continue the saline mixture, four grains of calomel, and four of the extract of colocynth, and the infus. of senna and salts to be given afterwards, and repeated until a due effect is produced.

"From this time he gradually recovered, the incisions were made, however, too late to prevent the loss of a considerable quantity of cellular membrane and skin.

"When a deep-seated erysipelatous inflammation takes place below the fascia of a limb, the whole extremity swells, it becomes firm, heavy, of a dull whitish colour; and is scarcely affected by the erysipelatous blush; is painful, and rapidly destroys the powers of life; the patient sinks unconscious of his danger, when he fancies himself relieved. The appearance of the part on dissection very much resembles that noticed page 97. It is a fatal termination by no means uncommon in persons of a bad habit, afflicted with erysipelatous and gangrenous inflammation or sloughing abscess in the neighbourhood of the rectum."—*On Gunshot Wounds, 2d Ed. p.* 105—11.

Messrs. Moulin and Guibert have lately published a paper and some cases illustrative of the nature and treatment of this dangerous species of erysipelas, in which they condemn the practice of incisions, as unnecessary and cruel, and rely on great numbers of leeches to the limb or part, with the various other items of the antiphlogistic plan. This was the treatment recommended by Messrs. Brodie, Travers, and several eminent surgeons, in opposition to Hutchison, Guthrie, Lawrence, and some others. It appears, however, by a case related in the paper, that the celebrated Boyer is inclined to the practice of incisions. Of this case we shall give a few particulars.

*Case.* Mr. R. aged 52 years, of strong constitution, was bled in the arm on the 6th May, 1824, quickly after which, the limb swelled and became very painful. Cold applications were employed, but the inflammation advanced, and great fever came on. Emollient poultices were applied for two days, during which the tumefaction and other symptoms increased. On the fourth day, the inflammatory tension had arrived at the greatest degree —the pain was intolerable—the fever ardent—the prostration extreme, although the pulse was full and hard. The wretched patient had never slept a moment for three nights. At this time, Baron Boyer was called in, viz. on the 10th May, and recommended incisions, "not only to take off the inflammatory *tension*, but, also, to give vent to the purulent matter which had probably formed." The friends of the patient, however, would not admit of the operation, and all the symptoms became exasperated, with the addition of delirium. On the 11th, another consultation was held, at which Baron Boyer, M. Fouquier, and M. Guibert, assisted. It was now determined, as incisions would not be submitted to, that a number of leeches should be applied to the inflamed and swelled member. But it was too late —the patient expired at eight o'clock the same evening!—*Bibliotheque Med. Sept.* 1827.

Several other cases are related—some to shew the fatal effects of the bark and wine system, formerly too generally employed—and some to illustrate the good effects of the antiphlogistic regimen, with repeated relays of leeches to the part. But, as we shall soon return to this subject, we shall say no more on the present occasion.

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### 32. New Remedy for Asthma.

Whoever is conversant with this distressing complaint, knows with what eagerness the afflicted patients fly to the window for fresh air, when attacked with a paroxysm of asthma. They experience relief from this procedure, or they would not have recourse to it. Indeed, it appears that, in pure spasmodic or periodical asthma, there is a peculiar constriction of the air-cells and finer bronchial tubes, which prevents the ingress of the atmosphere, and threatens suffocation. Impressed with this idea, which is cer-

tainly a natural one, Dr. Chiarenti, an Italian physician, himself a victim to this disease, had recourse to the insufflation of atmospheric air, by means of a common pair of bellows, in his own person. He introduced the pipe of the instrument into his mouth, and, closing the nostrils, he pushed the air forcibly into his lungs, and with instant relief. He continued the operation for a considerable time, and still with the same good effects. By this remedy, he put a speedy period to the paroxysm. He then extended the trial to others, under similar circumstances, and with similar benefit. After a mass of experience with this remedy, he comes to the conclusion, that the artificial insufflation of atmospheric air is not only a means of putting a speedy termination to the paroxysm of asthma, but of radically curing the disease, if organic alterations have not taken place in the lungs.—*Journal de Progres.*

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33. Ingestion of Hot Water in Gout.

In a former Number of this Journal, we alluded to a strange practice introduced by M. Cadet de Vaux, namely, the swallowing immense quantities of hot water for the cure of gout and rheumatism. Dr. Kruger has recently stated a case where this plan was tried by a patient, and the following were the effects.

M. Scholz, aged 47 years, began to have gout in May, 1821, which continued to recur, in slight paroxysms, till March, 1826, when they were rather severe. He now read M. Cadet's work on hot water, and determined to test the remedy. On the 20th March he began with a tumbler of water as hot as he could drink it, every 15 minutes. The first few glasses threw him into a perspiration, which continued till he took the 30th dose, when nausea and vomiting supervened. He persevered with the hot water till he completed the 38th glass, (each contained about seven ounces) when his head began to turn, and he was unable to take any more. Epileptiform convulsions succeeded—and all the superficial veins of the body were remarkably distended—respiration stertorous—pulse unaffected—perspiration copious. Some æther was first given, and then 20 grains of ipecacuan, which did not vomit; neither could the bowels be moved by lavements. The patient had no power over the sphincter ani or the bladder. Diffusible stimuli were next given. Vomiting took place four hours after the exhibition of the ipecacuan, and was succeeded by a paroxysm of convulsions that left the patient in a state of great exhaustion, and complete privation of intellectual powers. Another convulsive paroxysm was followed by a few hours sleep, from which he awoke with renewal of intellectual functions, but without any recollection of what had passed during the indisposition. The gout, which had been seated in the great toe at the commencement of the imbibition of warm water, had now disappeared, and did not return for that time. The patient, however, experienced great debility for a considerable time afterwards, requiring a long course of tonics.

Another case is related by Dr. Kruger —that of an apothecary who, having had some distressing dyspeptic symptoms, became affected with gout. In a paroxysm of this last disease, in which the whole body was affected; with heat in the stomach, palpitation of the heart, constipation, and jaundice, the patient had recourse to the Sangrado practice, being tired and disgusted with medicine. He swallowed 40 glasses of hot water, each containing 7 ounces. The consequence was, an immense distention of the body —congestion about the head, delirium, vomitings, copious perspirations, and urinary discharges, &c. by which his strength was greatly exhausted, and his life put in imminent danger. The gout, in this case, did not subside from the feet, and it was a long time before he was able to walk.

These effects of copious ingurgitation of hot watery fluids are curious and interesting to the physiologist and pathologist. It is evident that a considerable portion, at all events, of the water must have passed through the circulation, and the effects on the brain were nearly similar in both cases. In the latter case, the abundant perspiration and urinary secretion may have prevented the paroxysms of convulsions, which were so conspicuous in the first patient.—*Bibliotheque Med.*

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34. Inflammation of the Neck of the Bladder, with *Strictures* on the Use of the Bougie.

[Hospice de Perfectionnement.]

We introduce the following case, with the view of putting young (and, we are sorry to say, some *old*) surgeons on their guard against the inconsiderate use of bougies, where there is great sensibility in the urethra and neck of the bladder.

*Case.* A man, about 50 years of age, was brought into the above-mentioned hospital, in Paris, who had had several attacks of gonorrhœa. A catheter was introduced, by way of exploration, to see what could be found, and this introduction produced most exquisite pain, as soon as the instrument reached the neck of the bladder, with constant and painful micturition afterwards, the urine being highly charged with tough mucus. The patient evinced some febrile symptoms, and disorder of the digestive organs. Dr. Cloquet now wished to throw into the bladder emollient injections, by means of a hollow sound; but was obliged to relinquish this measure, on account of the exquisite sensibility (vive sensibilité) of the neck of the bladder. Diluents were then employed, with low diet, for eight days, at the end of which time, there being no amelioration of the symptoms, balsam of copaiba was exhibited in pretty large doses. Fever, with great irritation of the digestive organs, forced Dr. C. to abandon this medicine. But it was too late; for the fever assumed a low type, and the patient died on the 20th day after his entrance into the hospital!!

*Dissection.* The contents of the head and thorax were healthy. There were some spots of redness, and other signs of irritation in the mucous membrane of the intestinal canal. The urethra was in its normal state, as far as the membranous portion, but here the most unequivocal signs of inflammation, with thickening of the lining membrane, commenced, and were continued to some distance within the bladder, where the inflammation and thickening gradually disappeared. The prostate gland was enlarged, and contained a quantity of pus, which was infiltrated into its parenchymatous structure, not collected into a focus.—*Archives Generales.*

*Remarks.* We think it will hardly be denied, that this unfortunate patient met with an untimely end by the imprudent interference of the surgical measures that were pursued. Had this man been treated by leeches to the perineum and anus—barley water—and gentle aperients, with hyosciamus, instead of bougies and balsam copaiba, we have no doubt that he would have been living and well at the present time! We have frequent opportunities of witnessing the injurious effects of bougies in irritable states of the urethra and neck of the bladder; but the foregoing case happening *abroad*, is introduced as a hint to some of our chirurgicals at *home*.

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35. Luxation of the Cervical Vertebræ.

[M. Pinault. Hôpital Cochin.]

James Bove, aged 31 years, fell on his head from a height of 20 feet, and was carried in a state of insensibility to the above-mentioned hospital, where he soon recovered his senses, and answered correctly to questions. All parts of the body below the arm-pits were completely paralytic. In the upper extremities, also, the sensibility and muscular power were considerably diminished. On examining the spinal column, a depression was observed opposite the fifth cervical vertebra. On pressing this part, the patient complained of acute pain. The respiration was carried on by the diaphragm alone, there being no motion of the ribs. Priapism. He was largely bled. On the second day, the patient was nearly in the same state, except that the upper extremities were completely paralyzed. The respiration was more and more difficult, and he died in a state of asphyxia in 24 hours more.

*Dissection.* The cervical ligament was found to be torn, and there was a complete luxation of the fifth from the sixth cervical vertebra, without any fracture. At this spot, the spinal marrow was compressed by the fifth vertebra. The lungs were gorged with blood. It does not appear that any means were used to reduce the luxation. Would any means have proved serviceable?

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## 36. Case of Emphysema of the Substance of the Heart; with Observations on Valvular Disease of the same Organ.

A very curious case of this rare disease came lately under the care of Mr. Morrah, of Sloane Street, and was attended by that gentleman and Dr. Johnson. The patient was a captain in the Royal Navy, aged about 52 years, who had met with some misfortunes a few years ago, and afterwards began to evince symptoms of disordered action of the heart, namely, dyspnœa on going up stairs, and irregularity of the pulse. These symptoms gradually increased, till, at length, he was confined to his bed-room, though never to his bed. About four months ago, when examined carefully with the stethoscope, the heart was found to beat over a large space, and to be very tumultuous and irregular in its action. The whizzing sound was also very audible, when the ventricles contracted. The contraction could frequently be heard through the stethoscope, when no corresponding pulse was felt at the wrist. Thus, when not more than 50 or 60 strokes of the pulse could be enumerated, and those very irregular, there might be heard 70 or 80 contractions of the ventricle. The respiration was audible in all parts of the chest, except in the region of the heart, which occupied a large space, and consequently prevented the breathing being heard in that quarter. At this time, there were alternate paroxysms of dyspnœa and calm breathing, the intervals varying from a few minutes to as many hours. The night, however, was very distressing, as he could not lie low in bed, and his sleep was disturbed by startings and sense of suffocation. There was nothing very particular in the other functions. His dyspnœa was generally relieved by bleeding, local or general, with blisters, aperient medicine, and low diet.

The diagnosis was, enlargement of the heart, and imperfection of the valvular apparatus, without any material affection of the lungs. For two months before this unfortunate gentleman's death, his sufferings were very great, especially in the night. His time was passed in alternate paroxysms of dyspnœa, threatening every moment his life, and then sudden cessation of the attack, with an interval of *complete freedom from all dyspnœa.* It was very curious to observe that the interval (for more than a month prior to death) was almost invariably twice as long as the paroxysm. Thus, if the dyspnœa lasted five minutes, the patient had a complete immunity for ten minutes afterwards. The accessions were, like the cessations, *instantaneous.* He would be conversing quietly with his wife, his children, or his medical attendants, and in the very midst of a sentence, or even of a word, he would be seized with such a panting for breath, that a stranger would suppose he was in articulo-mortis. Equally sudden and abrupt would be the termination of this terrible conflict; and then he would take up the sentence or the word where it had been interrupted by the paroxysm.

Towards the close of the scene—that is, for the last three weeks of the patient's life, there were evident symptoms of effusion in the chest, as well as œdema of the lower extremities. Then the respiration could not be heard below the middle of the thorax, in the perpendicular position, though it was quite audible all round the superior parts of the chest. He suddenly expired while conversing with his daughter, in one of the intervals of dyspnœa, on the 23d of October, as he was sitting in his arm-chair. The body was examined on the 24th, by Mr. Morrah, Dr. Johnson, and Mr. Stevenson, of the Edgeware Road.

There was very considerable effusion, amounting to several pints, in the two sides of the chest. The heart was nearly three times its natural size—all its cavities being greatly dilated, but its parietes not being increased in proportion. The auricles were nearly of their natural thickness, though their cavities were considerably augmented. The right ventricle was passively enlarged. Its parietes were thinner than natural, though its cavity was more than double its proper size. The cavity of the left ventricle was also more than double its usual dimensions, but the parietes presented certain remarkable appearances. In some places, they were full an inch in thickness—in others, not a quarter of an inch. Near the apex of the left ventricle, the muscular structure was white, and condensed into a substance almost as firm as ligament. Between this and the basis of the ventricle, there were some portions of

the walls not more than a fifth of an inch in thickness. The basis of the ventricle, on the contrary, presented parietes full an inch in thickness—but this thickened portion was every where emphysematous, and air could be pressed from it, with a crackling noise, exactly as from a piece of lung. By firm and continued pressure these thickened parietes could be reduced to less than half their dimensions, when the air was completely expelled.

The openings between the auricles and ventricles, on both sides, were greatly enlarged. The auriculo-ventricular opening, for instance, on the left side, was at least an inch and a half, or two inches, *in diameter*; and, as the mitral and tricuspid valves shewed no increase of dimensions, it was manifest that the functions of these valves were very imperfectly performed. When the left ventricle, for example, contracted, a great portion of the blood must have passed back into the auricle, from the inability of the mitral valve to cover the auriculo-ventricular opening. This would satisfactorily account for the pulse at the wrist not always being felt in correspondence with the ventricular contraction, as heard through the stethoscope. The same imperfection must have existed in the right side of the heart. The right ventricle, instead of throwing its blood completely into the pulmonary artery, ejected a portion of its contents back into the auricle. Thus the venous blood from the larger circulation was retarded, and eventually led to dropsical effusions; while the blood returning from the lungs to the left side of the heart must have experienced great interruption, and, consequently, the vessels of the lungs were kept in a state of congestion.

The emphysema of the parietes of the left ventricle cannot be accounted for on any known principle of the animal economy, but the fact is undeniable. The lungs themselves were crepitous, and sound throughout.

In respect to the tumultuous noise which was heard in this case, through the stethoscope, it resembled more the noise of CHURNING, than that which has been compared to the purring of a cat—the stroke of a saw—or the blast of a small pair of bellows, by Laennec and others. There can be little doubt that it was produced by the regurgitation of blood from the ventricles into the auricles, at each ventricular contraction, owing to the inability of the mitral and tricuspid valves to close completely their respective auriculo-ventricular openings. To render imperfect the office of the valves of the heart, it is not necessary that they themselves should be indurated, puckered, or otherwise changed in structure. If the opening which the valve is designed to cover be unnaturally dilated, the same effect will be produced as if the valve were ossified or contracted—and this is a pathological condition which is often overlooked. On examining very carefully those hearts which have been morbidly dilated in their cavities, whatever was the condition of the parietes, it appeared to the writer of this, that the valves were almost always incapable of effectually covering their respective apertures, and, therefore, that the circulation of the blood through the heart was imperfectly carried on. If the *right* chambers of the heart be much enlarged, and the valvular apparatus be consequently damaged, there will be no irregularity of the pulse, for that depends entirely on the *left* ventricle; but there must, in such a case, be great derangement of the general venous circulation, and the ultimate tendency to serous effusion will be consequently established, however regular the pulse may be at the wrist. If, in such cases, we could feel the pulmonary artery, we would find intermissions of pulsation there. When the left chambers are dilated, and the valvular function impaired, the venous system of the lungs must necessarily be kept in a loaded state, and hence the dyspnœa which invariably attends this pathological condition of the heart. Hence, too, the temporary relief which the breathing experiences from bleeding, and other kinds of depletion.

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### 37. OPERATION FOR EMPYEMA REPEATED.

In Horn's Archives, for March, 1826, there is related the case of a man, who twice underwent paracentesis thoracis, with an interval of 22 years between the operations.

*Case.* A man, of middle age, was seized with symptoms of violent inflam-

mation in the left side of the chest, for which he was copiously bled, and had proper medicines administered. When questioned by Dr. Guerard, he informed the physician that, 22 years previously, he had been affected with pneumonia, which terminated in an abscess, and for which an operation was performed. As the inflammation still continued, Dr. G. ordered farther depletion, blisters, &c. On the 5th day, there was oppression on the chest, and the stethoscope gave indications of a fluid in the left cavity of the pleura. On the 9th day, the symptoms were so unequivocal, that the operation was performed, when a large quantity of fetid pus was evacuated, with relief of all the symptoms. The discharge gradually decreased, and, on the 5th day from the operation, the patient was able to leave his bed. He was seen a year after this period, in perfect health.

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### 38. Perforation of the Intestinum Ileum.

[M. Martinet. Hôtel Dieu.]

It was reserved for modern pathology to discover the true cause and the terrible consequences of this fatal accident. A knowledge of the *causes* of a disease, is the first and most certain step towards prevention. In former times, when dissections were less common, many sudden and violent deaths were caused by perforations of the stomach and bowels, which were not suspected—and when these perforations were discovered, their cause was not ascertained. This cause is preceding inflammation and ulceration of the mucous membrane in general—sometimes, though very rarely, of the peritoneal coat first, and the other coats afterwards. When we reflect on the frequency of these intestinal *ulcerations*, we might wonder that *perforations* are so rare; but we must remember, that the peritoneal covering of the intestinal canal presents a most powerful and obstinate barrier to the escape of fæcal matters, even when the mucous and muscular coats are completely destroyed. Nevertheless the perforation does sometimes occur, and that at all periods of muco-enteritis—and even during convalescence from that disease, and from fevers, when patients are thought to be out of danger, and when practitioners are off their guard. Excesses of the table, at this period, bring the danger into view when it is too late. On this account, the convalescence of a patient from any disease in which inflammation of the internal surface of the intestinal canal had previously existed, should be most rigidly watched, and all imprudences in food forbidden.

When this rupture of the external tunic takes place, there is, in general, a pain, more or less acute, felt in some particular point of the abdomen, commonly about the umbilicus, or towards the caput coli. This pain is suddenly developed, and sometimes consists, at the very beginning, of a sense of burning heat, spreading in all directions from a centre. The pain, however, rapidly augments, and soon occupies the whole of the abdomen, rendering the least pressure insupportable. Then come on nausea, vomitings, hiccup, profound alteration of the features, extreme smallness and quickness of the pulse; all shewing the existence of acute peritonitis. Two, three, or four days of intense suffering bring the solace of death.

The diagnosis of this terrible calamity is rendered very difficult, when the patient happens, at the time, to labour under cerebral disease, especially arachnitis; for then, the delirium which obtains prevents the patient from feeling, or at least expressing, the abdominal sufferings. In a few instances, the inflammation resulting from perforation and extravasation has been sub-acute, and patients have lived ten or twelve days. This, however, is rare. If the pain continues confined to a circumscribed spot, we may hope that the intestine has been ruptured into a kind of cyst, of which there are several examples on record. We shall now introduce the particulars of a case in illustration.

*Case.* Brisson, aged 25, had fever and diarrhœa for three days prior to his entrance into the Hôtel Dieu, when he complained of abdominal pains, head-ache, and febrile attacks, every evening. *Second day.* The belly was rather painful on pressure, especially about the navel —diarrhœa—cephalalgia—tongue very white—pulse strong and full. *Injection containing tartar emetic and sulphas magnesiæ*, which provoked some vomiting,

with relief of the cephalalgia and abdominal pain. During the next few days, he was kept on farinaceous food, and he was on the point of full convalescence, when, on the eleventh after his entrance, he was suddenly seized with severe pain above the pubes, which quickly spread over the abdomen, attended with dysury, vomitings, bloody diarrhœa, &c. *Leeches, warm-bath :*—but no relief followed. He lingered out for three days after this, and then died.

*Dissection.* The cavity of the pelvis was filled with flocculent pus and a milky fluid—intestines covered with false membranes, of very recent formation—a small perforation, perfectly circular, in the ileum, a few inches from the ileo-cœcal valve—the mucous membrane around the perforation was red, but not thickened, or otherwise altered—no other ulceration in the ileum; but there were two or three small ulcers in the large intestine, with inflammation of some of the mucous follicles.—*Revue Med.*

Happily, perforations, where there are so few ulcerations as in the above case, are very rare; and we find that Nature is more disposed to heal numerous and extensive ulcers in the mucous membrane, than to permit a perforation of the serous coat. Still we ought to be on our guard, and keep patients on mild nutriment, till all danger is completely over.

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### 39. Gangrene of the Lungs.

This is a rare disease, and has never been accurately described before Laennec's time. Since the work of this talented physician appeared, M. Andral, M. Bouillaud, and others, have brought forward examples of the disease in question. The following case is deserving of record, though we shall greatly abridge the original.

*Case.* A gendarme, 38 years of age, received, on the 10th March, a violent blow of the fist on the right side of the chest, which was followed by severe pain for some days, but not such as to prevent him from pursuing his usual avocations. Towards the end of March, he began to lose his appetite, and decline in health. On the 16th April, he was forced to give up work, and consulted Dr. Pichot, who found the skin dry and hot, pulse quick and hard, tongue red at the point and edges, epigastrium tender on pressure, nausea, sometimes sickness after food, bowels irregular. The patient did not now complain of the side that had been injured; but only observed that he felt some uneasiness there one or two hours after eating. Considering the disease as inflammation of the mucous membrane of the stomach and bowels, Dr. P. ordered leeches to the epigastrium, and mucilaginous and farinaceous drinks. The patient was speedily relieved, and in ten days he was able to take food without inconvenience. Returning, however, to irregularity and intemperance, he fell back, in three weeks, to the same condition as before. The original treatment was again prescribed, and in three or four weeks he again recovered. Once more he got into his usual habits of intemperance, and again he relapsed. He now entered the Charenton Hospital, whence he was discharged uncured. He next tried the Val de Grace, and had no better success. He returned home, and consulted a Parisian physician, who promised to set him up in a fortnight. Emetics and drastic purgatives were now energetically administered, and the patient daily got worse! On the 15th September, Dr. P. was again consulted, and found the poor man in a desperate condition, being emaciated to a skeleton, and harrassed with constant expuition from the mouth, without cough, or difficulty of breathing. The patient complained of burning pain between the shoulders and in the right side of the chest—pulse soft and regular—urine high-coloured—sleep greatly interrupted—abdomen swelled and painful in several places. Our author suspected chronic gastro-enteritis, converted into acute or sub-acute; but did not suppose there was any very material disease of the lungs. He prescribed some soothing medicine, and, for a few days, the patient seemed a little better. At the end of a week, he was suddenly seized with a sense of suffocation, extreme pain in his back and through the chest, violent cough, attended with fetid expectoration. These symptoms were sometimes exasperated—sometimes moderated; and in this condition the miserable patient dragged out a wretched existence for fifteen days, when he expired.

*Dissection.* In the right side of the thorax, there was found a vast depôt of purulent matter, enclosed in a kind of cyst, formed by false membranes organized. The greater part of the lung of that side was in a state of complete gangrene, being black, putrid, soft, and exhaling a most fetid odour. The left lung was the seat of a considerable degree of inflammation, as was the internal surface of the pericardium, which was covered with a soft false membrane. The heart itself was sound. The liver was greatly enlarged, and somewhat indurated. The stomach and intestines were opened throughout their whole extent, and various marks of chronic inflammation were evident on their internal surface.—*Bibliotheque Medicale.*

We conclude, from the particulars of the above case, that chronic inflammation and disorganization had been going on in the right lung ever since the time the man had received the injury there, and that acute inflammation having supervened about the 20th September, it ran into gangrene, and thus produced this rare specimen of disease in the pulmonary structure. The case affords an instructive lesson respecting the insidious nature of pulmonic inflammation sometimes, and may serve as a caution against looking too much to the abdominal organs, while mischief is going forward in the chest. This oversight is daily committed in this country.

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## 40. Signs of the Times, or Epidemics of the Day.

A few years ago, there arose, all at once, an epidemic rage for PHLEBOTOMY. An experiment was made on a plethoric member of the church, who was bled by the founder of this epidemic system, *usque ad deliquium*, for several weeks in succession—and that for the cure of a disease not to be found in the Nosologies of Cullen or Mason Good—but which has been termed by the phrenologists a PROPENSITY. This experiment excited a great sensation, both in the medical and clerical professions; but, for some reason or other, the church, which could have so well afforded to be bled profusely, was suddenly abandoned, and the founder of the system turned his LANCET against the more conspicuous bodies of his own brethren, and bled at so furious a rate, that a universal atrophy was apprehended by the heads of the profession! Sir Astley Cooper, from the stamina of his constitution, and the plenitude of his vascular system, was selected as the first *medical* patient of the phlebotomist. He was bled daily—not by ounces, but by pounds—and this extraordinary depletion was carried on for more than a year! To the surprise of every one, the vigorous baronet bore this daily and hebdomadal venesection and *sanguisuction* (for *leeches* were also employed in great numbers) without apparent exhaustion. But every thing has its limits, and a period at last arrived, when even Sir ASTLEY COOPER would bleed no more!

Mr. ABERNETHY was known to be very far gone in a certain *derangement* of the stomach and bowels, which blue pill and black draught entirely failed to remove. Indeed, his disorder was said to be on the increase, and the PHLEBOTOMIST thought him an excellent *patient* for a trial of the new remedy. Without the formality of a *consultation*—indeed, without leave or licence, he thrust his LANCET into the body of the lecturer, and *abstracted* the vital fluid at a tremendous rate, affirming that he would soon *correct*, not only the morbid secretions of Mr. A.'s chylopoietic viscera, but that he would condense certain gazeous exhalations from his pineal gland, for the sole good of the public—and not with any view to his own private emolument. The eccentric patient did not prove quite so tractable as Sir Astley Cooper. He winced and kicked most lustily, and protested that neither his stomach nor his head required or desired any such phlebotomising measures. Blood-letting did not suit his constitution—and he would take nothing but his own favourite pill. These remonstrances made no impression on the *phlebotomist*. On the contrary, he very deliberately proceeded to the operation of the TREPAN, boring the cranium day after day, and extracting a portion of his patient's brains, which he exposed for sale, in the Strand, with as much *sang froid*, as a butcher would sell the brains of a sheep in Leadenhall Market!!

This was "too bad," as Lord Liverpool once said; and, therefore, Mr. Abernethy

applied to the Lord Chancellor (who has the especial care of men's cerebral property) for an injunction against the skull-boring and brain-sucking operations of a surgeon, whose professional advice or assistance he never solicited. Here was a puzzling question for Lord Eldon! Mercy on us! what a world of consideration was necessary to determine so knotty a point! What important rights and privileges might be invaded or compromised, if one surgeon were restrained from perforating the skull and extracting the brains of another, whether invited to operate, or doing so by way of experiment! Long did the Chancellor weigh these mighty matters in his deepest thoughts—but, by the time he had "made up his mind" on the subject, the poor patient's head was as full of holes as a sieve, and his cranium as empty as that of Yorick!

It has been said of some animals, that, after tasting human flesh, they could never relish any thing else. It was so with the PHLEBOTOMIST. The brains of Abernethy were so delicious and so *fattening* withal, that the brains of Clutterbuck, Bell, Lawrence, Armstrong, Haslam, Blundell, Brande, &c. were hashed up, and so well *cooked* by a COMPANY of PHLEBOTOMISTS, which was now *established by charter*, that public entertainments were weekly given (at 2, P.M. every Friday) to all who chose to partake of the *intellectual* banquet, at the very *ordinary* price of eight-pence a *head*.

Now we do not find fault with the company for these their public treats. On the contrary, we believe that the individuals above enumerated, had each a great deal more brains than were necessary—and that, as a certain number of the profession are by no means overburthened with these articles, so a kind of public distribution, for the preservation of an equilibrium, was very charitable, and had all the good effects of the largesses which used to be occasionally scattered among the hungry Romans, when it was thought politic to put them in good humour with their masters.

But men will, in time, get tired of the most delicate viands; and a faint murmur of "*toujours perdrix*," was a strong hint for varying the bill of fare. The PHLEBOTOMISTS had excellent noses for smelling out savoury matters; and the hospitals, the dissecting-rooms, the dispensaries, and even the colleges of the land, furnished a most odoriferous variety of garbal for garnishing out the dishes of *brains* at the *head of the table*. All this, too, had its use; and we are far from censuring the diligence of the Worshipful Company of Phlebotomists, in thus uniting the salutary trade of public scavenger with that of public cook. The rooks are always respected as useful birds, on account of their propensities to pick up worms and insects. Even the unsightly ADJUTANT is permitted to strut through the streets of Calcutta unmolested, because he devours every putrefying and deleterious substance that comes in his way. But there is no unmixed good in this world. Whether it was that a dearth of "morbid parts" did sometimes occur, or that the *company's* sense of smell did sometimes deceive them, but so it was, that living, healthy, and useful *limbs* of the profession came to be "served out," and served up, at almost every banquet—till, at length, a general dread of *mutilation* began to pervade the more corpulent and portly members of medical society—while the stomachs of the guests, and even of the bye-standers, shewed symptoms of *turning* at sight of the horrible spectacle of human sacrifices before them. The offences of this COMPANY were at last rank, and "smelled to Heaven;" for, like Diana of old, in the Island of Taurica, they had their INSTRUMENT—a very sharp one, too—as an Iphigenia, ready to immolate every one who did not belong to their association!

A strong re-action was at last visible in the public mind; and a sense of common danger, prompted to measures of common defence. A lucky thought occurred to some one, that an ANATOMICAL COMPANY might be formed, whose office it would be, to *dissect* the "morbid parts" of the old or PHLEBOTOMIST COMPANY, and form a museum of these precious specimens, to be exhibited in conspicuous parts of town and country.

It has been currently reported, but for the accuracy of the report we will not vouch, that this lucky thought of an Anatomical Company, occurred at a festive meeting of the committee of manslaughter; and that, while the juice of the Tuscan grape was flowing round in

healths, "five fathom deep," the *vice*-chairman was sharpening his scalpel for a dissection of the *president*.

It is a remarkable fact, however, and may serve as a lesson to short-sighted mortals, that, on the *very day* when it was triumphantly proclaimed, "that opposition and competition were at an end," the new joint-stock company started into existence, to the utter dismay and discomfiture of the original *monopolists*.

But, whatever may have been the *origin* of the DISSECTING COMPANY, it is certain that the appearance of this *opposition* to the phlebotomists excited a very strong sensation. Several very neat dissections and specimens of "morbid parts" were quickly forwarded to the new company; and men began to wonder why they had so long permitted an association of scandel-bearers to revel on their vitals, without retaliating in kind on their persecutors. The workings of the public mind were not unheeded by the OLD COMPANY of Phlebotomists—and the first measure which suggested itself to the DIRECTORS was, to lower the price of their ORDINARY —or rather to place a few *supplemental* covers on their table, containing various kinds of most *suspicious* viands, in order to induce their guests to continue customers. This was a doubtful expedient. It was like offering some *additional* messes of fat pork to a company of sea-sick passengers. In short, the medical profession now began to perceive, for the first time, that they had been taking great pains to place themselves in a *false position*, with regard to the public at large, and especially with regard to the other learned and liberal professions. It was no longer to be concealed, that the public felt disposed to question the *taste* of the medical faculty, and to compare them with a community of *cannibals*, who preyed on each other, in open day, without the least sense of sin or shame! The consequences of this revelry on human flesh were now unequivocal. The manners of the medical profession had *retrograded* four centuries, in the short space of four years! On searching the records of their art, no specimens of defamation could be discovered, that might at all compete with those exhibited by the Company of PHLEBOTOMISTS. It was evident that some years of *reform* and repentance would hardly be sufficient to set the medical profession on a level with their neighbours, in point of polished manners and *refined taste*, for which they had hitherto obtained credit. The work of reformation was a Herculean task. The Augean stable was to be cleansed, and people were some time in determining on the stream that was to wash away the filth.*

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* We beg it may be distinctly understood that we do not identify the *ostensible* editor, or rather the Proprietor of the Lancet, with the real editors or writers in that publication. We have the best reasons for believing that Mr. Wakley is not the writer of those scurrilous, defamatory, and odious articles, which appear, and have so often appeared in that periodical. We believe they were and are penned by hireling editors, who, in betraying the confidence of their master, have injured the medical profession at large. The following portraits of two EX-EDITORS, drawn in the very last number of the Lancet, will explain our meaning.

"We are told, however, that Mr. "Guthrie intends to rely chiefly on the "testimony of two individuals, whom we "do not hesitate to pronounce the most "ungrateful, and the most short-sighted "*scoundrels* that ever disgraced their, or "any other profession—men, whose moral *turpitude* has gone *immeasurably* "beyond the ordinary course of *human* "*crimes*. Give us the opportunity, kind, "modest author, of publicly extracting "from these wretches *a history of their* "*own infamy*, and we will ever after call "thee FRIEND."—*Lancet, 22d December*, 1827.

For the credit of human nature, we hope that such monsters, whoever they be, have not existed, even as the hireling writers of the Lancet! The above document, however, shews in what light Mr. Wakley holds those, whose bold, manly, and independent writings have captivated a certain portion of medical society!! In helping to expose the delinquencies of such hirelings, Mr. Wakley will be guilty of the blackest ingratitude, if he does not hereafter call us—FRIENDS!

We have the very best means of knowing that the great majority of the profession abhor the CALIBANISM of the instrument in question, and only suffered themselves to be polluted by its pages for the sake of useful information commixed with abominations of all kinds—and the exposure of abuses which, unfortunately, have existed, and still exist. But, as hurricanes purify the air, and as political convulsions and the ebullitions of vicious passions call forth the best and most virtuous energies of the human mind, so the company alluded to has been the instrument of good as well as evil. It has called forth a phalanx in the cause of honour, virtue, talent, liberality, science, and truth, which will redeem the character of the English medical profession, and shed a lustre on human nature itself. We are no observers of the signs of the times—we know nothing of the springs that actuate men's mind's, or we are right in prognosticating that the year 1828 will exhibit a display of talent, knowledge, and high-minded probity, which will drive into the abyss of despair, if not of oblivion, the host of MALIGNERS of the medical character, which have so long revelled in the abuse of a power which they vainly thought to be absolute, unlimited, and unassailable.

Whether or not we have uniformly, and hitherto *almost singly* resisted this diabolical tyranny, it is for our readers to bear witness. We have now numerous allies in the work of stemming the torrent of demoralization; but the most powerful of all, is, without doubt, the reaction of the public mind itself. This is so evident to the JUNTO, that some of its members, with that instinctive sagacity which characterizes a very small quadruped—the RAT, are backing out of the company, with all possible haste. The *point* of their instrument indeed is broken off—or rather it is completely worn out by its own venesectionary mal-practices—and those who used to shrink in alarm, when the weapon was unsheathed, now begin to laugh it to scorn.

In fine, as we now hope and believe that the taste for defamation and vulgar abuse is rapidly declining, so the claims for public favour will turn on, and be decided by, the superiority of talent, extent of information, and judicious industry of the competitors. Under such a system, the more numerous the candidates, the greater will be the exertion; and the human intellect will now be called upon for the display of its utmost energies. An enemy to all monopolies, we rejoice at the prospect which expands before the eye of philanthropy. In the intellectual contest, which has now spread to the medical profession, we should grieve at the extinction of any rival, however formidable and however inimical. In drawing the sword against every thing which tends to degrade the profession to which we are enthusiastically attached, we hold out the olive branch to every honorable competitor in the promotion of medical science and medical literature.

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### 41. PHLEBITIS.

[Dr. Forbes. Med. Chir. Trans. Vol. XIII. Part II.]

The second part of volume thirteen of the above transactions has recently appeared, and a volume is now to be published regularly every six months. A year or two ago, the LANCET, that oracle of truth, proclaimed to the world that the Medico-Chirurgical Society was on its death-bed. This oracular prediction is fulfilled, in the way that all its other prognostications are verified—as, for example, the pupillary insurrection at Bartholomew's Hospital. A considerable number of members and visitors are obliged to go away frequently from the meetings of the Society, for want of room, and the list of its members is rapidly increasing. So much for the moral influence of the JUNTO'S JOURNAL.

The present volume or part contains a great variety of articles, of unequal merit, and interest, no doubt, but still calculated to sustain the character and celebrity of the Society. We shall take care to give a complete analysis of all the more valuable and practical papers, in as quick succession as possible, though in the present instance we can do little more than

announce the publication of the volume, and the flourishing state of the Society.

CASE OF PHLEBITIS.

This case was read at the Society on the 27th February, 1827, and the morbid preparation exhibited to the members. It was considered by those who have adopted Dr. Davis's doctrine of phlegmatia dolens as an excellent corroboration of that doctrine; but our readers will soon see the weakness of the support thus obtained.

The patient was a young man of 26 years, conceived to be labouring under pulmonary consumption, accompanied by "swelling of both ankles." The swelling of the right ankle, however, gradually subsided, while that of the left extended upwards and increased, attended with pain about the ankle and calf of the leg, knee, ham, groin, and lower part of the abdomen. With these symptoms, the whole limb became hotter than the other, and tender on pressure. Dr. Forbes saw the patient for the first time on the 31st October, a week before his death. He was then in the last stage of pulmonary consumption. The limb was double the size of the other, "and every where it pitted on pressure." The colour of the skin was whiter than natural, and presented the exact resemblance of "common anasarca." The subcutaneous veins above the ankle were distinctly marked, and distended with blood. Died on the 8th November.

The dissection was performed by Mr. Grainger. The saphena major and its branches were greatly distended, and filled with coagulated blood, but their coats were not diseased. The cellular tissue of the whole limb was infiltrated with a limpid fluid, and the lymphatic glands in the groin were rather enlarged. The femoral vein was filled with coagulated blood.

"The dissection was continued so as to expose the left iliac veins. The trunk of the external and common iliac vessels was found even more distended than the femoral vein. The common iliac vein had an unnatural colour, approaching to a greenish hue; and it seemed as large as the inferior cava. The distension of this vessel suddenly terminated at that part where it is united with the right common iliac vein. The left internal iliac vein was filled with blood for about two inches of its course, and the rest of it appeared natural.

"The femoral and iliac veins on the right side were nearly empty, and quite healthy in their appearance, forming a strong contrast, when compared with the gorged and distended state of the veins on the left side.

"On laying open the upper part of the femoral vein, as well as the external and common iliac veins, they were found filled with a coagulum, of much firmer consistence than is usually met with in healthy veins; and had much of the fibrous appearance of the blood which is found contained in aneurismal sacs. On separating this coagulum, a thin but distinct membranous layer was seen adherent to the internal coat of the vein, and it required some force to separate them. The femoral vein, which was examined as far down the limb as the triceps muscle, was found in the same condition." 296.

We perfectly agree with Dr. Forbes that the morbid appearances in this case were very similar to those which have been described by Dr. Davis in his paper on phlegmatia dolens—but on that very account we maintain that this was not a case of phlegmatia dolens, but one of phlebitis. In a former number we have taken such pains to disprove Dr. Davis's theory, that we need not recur to the subject again. If phlegmatia dolens depended on inflammation of the inguinal and iliac veins, three-fourths of the patients would die—whereas death does not take place in one case in the hundred where that disease is exquisitely marked. This fact would be sufficient to disprove the identity—but there are numerous other reasons for refusing acquiescence in Dr. Davis's views.

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42. EXTRA-UTERINE PREGNANCY.

Mr. Norman, of Bath, has related an interesting case of this kind, in the last vol. of the Med. Chir. Transactions—and the more so, on account of its termination. Eight months before the date of report, the female, aged 41, had become very ill, with palpitation, difficulty of breathing, frequent sickness and vomiting. It was

then the catamenia were interrupted. At three months from this cessation, a rounded tumour was felt in the left iliac region, about the size of a fist. She could not lie on her right side, and all her distressing symptoms were on the increase. At five months from last menstruation, she felt the motions of the child, which gradually became stronger, until all doubt of pregnancy was at an end. Her breathing became more difficult, and she was often unable to lie down at night. At the end of eight months, (14th October) Mr. N. was summoned. She had been suddenly seized with symptoms indicative of failure in the action of the heart, and her dissolution seemed impending. Large doses of opium restored the heart's action, and a few days passed before any thing was done. On the 13th October, she was again seized with a paroxysm, and again she was relieved by laudanum, &c. It was determined to induce labour, as she was now supposed to be in the ninth month; but, on examination, the os uteri could not be discovered. The form of the child's head was distinctly felt, covered by an intervening substance, as thick as the parietes of the uterus. Through this an incision was made, about two inches in extent; but still the os uteri could not be found. Some fluid escaped, and the scalp of the child's head could be felt. She became easier, and remained so through the night and next day. In the evening, she had another paroxysm of dyspnœa, on recovering from which, it was agreed to open the child's head, as it was far out of the reach of the forceps or vectis. The head was opened, and the brain extracted, as was afterwards the body of the child. No placenta presented, or could be felt. A hard solid tumour was found on the left side of the abdomen. It was now considered that the case was one of extra-uterine conception, and that the opening had been made through the vagina and peritoneum. On the second day, symptoms of peritoneal inflammation came on, and she soon died.

On dissection, the small intestines were found much inflamed, as well as the peritoneum. The placenta was found attached to the right ligamentum latum—the funis was torn away about two inches from the placenta—the part divided in the operation was discovered to be the posterior portion of the vagina—the os uteri was situated above the pubes, as in retroversio uteri. The uterus itself was thickened and hard, and its cavity was lined with a well-defined tunica decidua. The heart was flaccid—the ventricles thin, and containing no blood. Mr. Norman thinks that, could the placenta have been extracted, and had there not been disease of the uterus, the recovery of the patient was not improbable. It appears to us, that the patient had disease of the heart, (passive aneurism) which would have soon terminated her existence.

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### 43. Duration of Pregnancy.

In a paper in the recently-published volume of the Medico-Chirurgical Transactions, Dr. Merriman has given some tables calculated to assist in throwing light on the mean duration of utero-gestation. We say the mean duration, for we have no doubt that Nature, in this, as in many other instances, deviates occasionally, and to a considerable extent, from her own general laws.

Of the births of 114 mature children, calculated from, but not including, the day on which the catamenia were last distinguishable, 3 happened in the 37th week—13 in the 38th week—14 in the 39th week—33 in the 40th week—22 in the 41st week—15 in the 42d week—10 in the 43d week—and 4 in the 44th week.

From this table, our author thinks it fair to infer, that conception is effected soon after the catamenial period has intermitted, rather than immediately before the expected return of that period. A knowledge of this fact, he says, is useful on many occasions, and is of paramount importance, by enabling the accoucheur to fix upon the proper time for inducing premature labour in cases of deformed pelvis. Our experienced author has seen a very few cases where the period of delivery (calculated from the last appearance of the catamenia) exceeded 44 weeks, or 308 days; and of these few anomalous cases, he has given some details in the paper above-mentioned.

# Medicina Forensica.

## 1. THE COLLEGE OF PHYSICIANS.

"Perituræ parcite Chartæ."

If the College or its partizans think that we have been too severe in our comments, or too extravagant in our demands for reformation, we beg they will calmly peruse the following document, drawn up and presented to the College 30 years ago, by 14 as eminent physicians as that Institution can boast of. In this remonstrance, petition, or whatever else it may be called, will be seen most of the leading principles for which we contend; and happy would it have been for the College, if it had hearkened to the reasonable request of the Licentiates thirty years ago, instead of having recourse to measures which we shall be compelled reluctantly to portray in our next number, should no appearances of better feelings be developed in the interim.

"*To the President and Fellows of the College of Physicians of London:*

"Gentlemen,

"We, whose names are subscribed, licentiates of the college of physicians of London, conceiving ourselves *unjustly* deprived of those professional honours and privileges to which we are entitled, and persuaded that every physician of irreproachable character and of competent learning has a legal right to be admitted a fellow of the college, submit to your dispassionate consideration the following grounds of this conviction.

"In the beginning of the sixteenth century, when learning had made but little progress in this country, and medicine was chiefly practised by ignorant empirics, the physicians of London were incorporated into a *college or community*, by a charter from Henry VIII. The object of the grant, as declared by the charter, was to provide for the safety of the subjects of the realm, by restraining the audacity of those wicked men, who practise medicine more from avaricious motives than from any good intention, to the great injury of the illiterate and credulous multitude. With this view, partly in imitation of well regulated states in Italy and many other countries, and partly in compliance with the prayer of John Chambre, Thomas Linacre, Fernando de Victoria, the king's physicians, of Nicholas Halsewell, John Francis, and Robert Yaxley, physicians, and of Cardinal Wolsey, a perpetual college of discreet and learned men was established, consisting of the above-named six physicians, and *all other men of the same faculty*, residing in London. The members of this body were authorised to exercise their profession in London and its neighbourhood, and, at the same time, were strictly required to prevent every other person from practising medicine, either in that city or within seven miles round it, unless he had been admitted to do this by the college; and in order that this injunction might be carried fully into effect, they were invested with powers to punish the disobedient.

"It is evident then, that neither the graduates of Oxford and Cambridge, nor those of any other university, were to derive any partial advantages from the charter; but on the contrary, that *all* discreet and learned physicians, residing in London at the time it was granted, were indiscriminately admissible into the college, and that the perpetuity of the body was to be preserved by the reception of *every* physician of the same description, who should ever practise medicine in London, or its vicinity, and should claim to be a member. Can it be supposed, that Henry VIII. while he declared that the good of his subjects at large was the object of his grant, *in reality meant to*

*benefit only a few, to the prejudice of many; or, that he thought physicians of learning and good morals were to be found, exclusively, among the graduates of Oxford and Cambridge, though the only physicians he himself employed had taken their degrees abroad?* Can it be for a moment imagined, that the principal physicians who obtained the charter, *all of them foreign graduates*, could intend, that none under the like circumstances should *ever after* have a right to claim admission into the college; or, that if either their sovereign or themselves had entertained such a design, this would not have been expressly declared?

"But had any obscurity existed in the language of the charter, with respect to the description of persons to be admitted into the college, or had experience discovered, that the qualifications required by it were inadequate to the attainment of the object of the grant, ample opportunities were afterwards afforded of explaining what was doubtful, of amending what was wrong, and of supplying whatever had been found wanting. Four years after the date of the charter, while the sovereign who bestowed, and the six physicians who obtained it, were still living, an act of parliament was passed, in consequence of a petition from the same physicians, confirming the old, and conveying new privileges to the college. *No change, however, was made by it in the requisites for admission.* Various other acts of parliament, of a still later date, relating to the college, are to be found in our statute books, but all of them are silent respecting the admission of members. Nor does there occur any new article upon this head, in the charters granted to the college by James I. and Charles II. *We have therefore the fullest evidence, that the only qualifications for admission into that body required by the charter of Henry* VIII. *were learning and good character, and that the various parliaments which confirmed that charter, and the different sovereigns who granted others, all concurred in regarding those qualifications as sufficient.* The college, indeed, for many years after their incorporation, did not demand any other. Not to accumulate proofs of this point, we shall only mention, first, that it appears from Seymour, in his Survey of London, that in 1575, fifty-seven years after the grant of the charter, the college consisted chiefly of persons who had graduated abroad; secondly, that one of the ancient statutes of the college expressly relates to the admission of foreign graduates: the statute is, 'Quoniam multi huc confluunt, &c. idcirco statuimus, ut, quicunque vel in *collegii societatem*, vel in *candidatorum* ordinem, vel in permissorum numerum admittetur, si doctoratus gradum *apud exteros* susceperit, is, admissionis tempore, duplo plus solvat, &c. quam illi solvere solent, qui *in nostris academiis* doctores creantur:' and lastly, that the following statute respecting the form of examining *fellows* and *candidates* was made by the college in 1647, and was not repealed till 1736: 'Si doctoris gradum in aliquâ *nostrarum* academiarum susceperit, honoris causa sedeat decenter examinandus, ne quid indignum pati a nostrâ examinationum formâ mater academia videatur;' a regulation which clearly implies that foreign graduates might also be examined as candidates for the fellowship.

"Should it be objected to what has here been advanced, that those physicians who had taken degrees abroad, were obliged, before they were received into the college, to be incorporated to a degree at Oxford or Cambridge, we would in reply maintain, that this practice was not adopted, till some time after the foundation of the college, and *that the bye-law which gave rise to it was illegal.* But how was incorporation in medicine at the English universities formerly obtained? On this point, Dr. Winterton furnishes ample information. In a letter to Dr. Foxe, president of the college of physicians of London, dated so lately as in 1635, he writes, 'I have observed and grieved to see, sometimes a minister, sometimes a serving man, sometimes an apothecary, admitted to a licence to practise in physic, or to be *incorporated to a degree*, without giving any public testimony of his learning and skill in the profession;' and in another part of the same letter he says, that *incorporation* was 'in an instant obtained by a little sum of money.' Such an incorporation could surely furnish no proof of the learning or character of a candidate for admission into the college; and the only motive for requiring it, seems to have been a desire in the members to increase the emolu-

ments of the universities, where many of themselves had been educated.

" The act of parliament passed in the fourteenth year of Henry VIII. ratifying the charter of the college, indeed grants *one* privilege to those physicians, who had taken their degrees at Oxford or Cambridge, without any grace; namely, that of practising medicine in any part of the kingdom, except London, without being subject to an examination before the college. But this very grant confirms our claim, for since a particular privilege is specified in the act, *it is clear the legislature intended that those graduates should derive no other from it.*

" It may be said, however, that although neither the crown, nor the legislature, has conferred any privilege upon the graduates of Oxford and Cambridge, with respect to admission into the college, still the members of the college themselves have a right to make a distinction in this respect, in favour of those graduates, by virtue of the power to frame bye-laws which their charter confers upon them. To this we answer, that it is an established maxim in law, that the power in corporations to make bye-laws extends only to matters of regulation. *They can create no new rights, nor take away any of those which are conveyed by the charter of incorporation. They can change neither the object of the institution, nor the nature of the succession.* Every candidate included in the meaning of a corporate grant, and possessing the qualifications required by it, of whatever nature they may be, has an undoubted right to an examination of his claim, which, if it prove satisfactory, must be admitted.

" The arguments we have urged we shall now support by the authority of men, long conversant in the interpretation of ancient records, of the most profound knowledge of the laws of our country, and above all suspicion of prejudice or partiality; of men, not giving their opinions casually or lightly, but solemnly delivering them in their high characters as judges, upon a subject they had maturely considered.

" In the case of the licentiates against the censors of the college (Burrow's Reports, Vol. IV.) Lord Mansfield delivered the following opinions:

" ' The main end of the incorporation was to keep up the succession, and it was to be kept up by the admission of fellows after examination. *The power of examining*, and admitting after examination, was not an arbitrary power, but *a power coupled with a trust.* They are *bound* to admit *every person* whom on *examination* they think *fit* to be admitted, within the description of the charter, and the act of parliament which confirms it. The person who comes within that description has a *right* to be admitted into the *fellowship.* He has a claim to several exemptions, privileges, and advantages attendant upon admission into the fellowship; and not only the candidate himself, if found fit, has a personal right, but the *public* has also *a right to his service*, and that not only as a physician, but as *a censor*, as *an elect*, as *an officer* in the offices, to which on admission he will become eligible.'

" ' The charter and statute have left every thing at large to the college, no way confined or restrained but by the *fitness* of the objects.'

" ' I think that every person of proper education and requisite learning and skill, and possessed of all other due qualifications, is entitled to have a licence, and I think he ought, if he desires it, to be *admitted into the college.*'

" ' It has been said, that there are many among the licentiates who would do honour to the college by their skill and learning, as well as other valuable and amiable qualities, and that the college themselves, as well as every body else, are sensible that this is in fact true and undeniable. If this be so, how can any *bye-laws* which exclude the possibility of admitting such persons, stand with the *trust reposed in them of admitting all that are fit.*'

" In the trial of Dr. Letch, Mr. Justice Aston, after quoting part of the act of parliament of the fourteenth of Henry VIII. which confirms the charter said; ' This shews that the makers of the act looked upon those of the faculty residing in London to be members of the college.' He added, that if the college should refuse to examine a candidate, a mandamus would lie. It was also his opinion, that in grants of this kind, the construction ought to be made in a liberal manner.

" Mr. Justice Yates in the course of the trial of the licentiates against the censors, expressed himself thus; ' A good

deal has been said about *long usage*. But usage only applies when the *construction is doubtful*. Here the construction is *not doubtful*. If it were, then indeed usage for two hundred years might have weight.'

" It appears then fully established by the declared object of the charter, the description of persons first incorporated, the usage of the college for a considerable time after their incorporation, and the opinions delivered by Lord Mansfield and Mr. Justice Aston, with the concurrence of the other judges who sat with them on the bench, that the college are *bound* to examine every respectable physician who desires to be received into their body, and, if found possessed of requisite learning and skill, *that they are under both a legal and moral obligation to admit him a member of the community*. But if the right of admission belongs to *every* respectable physician of competent knowledge, *we* certainly cannot, consistently either with our honour or our interest, tamely submit to be excluded. Our opportunities of acquiring the knowledge of our profession have been equal to those of the best educated physicians in this kingdom. In the choice of universities we have been determined by the celebrity of the teachers; and wherever superior means of improvement were afforded, either at home or abroad, many of us have availed ourselves of them. *If our talents therefore be not inferior, the proportion of persons of considerable medical learning and skill among us, must be equal to that which exists in any other body of physicians. We appeal then to the candour and justice of the college, whether, if we even possessed no* legal *title to what we claim, when our number, education, acquirements, and conduct are considered, it be not reasonable that we should participate in the distinctions and advantages of an institution, established by the legislature for* THE PUBLIC GOOD, AND THE ADVANCEMENT OF OUR PROFESSION.

" The college cannot feel more strongly than we do the necessity of being cautious with respect to the members they admit, or be more anxious that unimpeached morals and competent learning should be the tests of eligibility. Nor should we object to any other regulations that might secure the utility and dignity of the institution, provided they were impartially extended to every candidate before, and to every member after admission. *But we cannot rest satisfied with the present mode of introducing licentiates through favour; because it implies, on our part, a defect of right, and inferiority of qualification; because it is precarious, and subjects many of our body to be contemptuously passed by, and consequently to be depreciated in their characters, and wounded in their feelings; because it* ENCOURAGES SERVILITY TOWARDS THE COLLEGE, *and* COMPETITION *and* ANIMOSITY *among ourselves; and finally, because it exposes us, even after admission into the community, to be considered, by some at least, as intruders, who owe to the bounty of patronage, what ought to be the reward of merit.*

" At this period, when ignorant and unprincipled empirics so greatly infest the capital, and when, perhaps, the severe measures once exercised, with respect to such men, are no longer practicable, does it not become the especial duty of the college to draw the strongest possible line of distinction between the upright and skilful physician, whose interest the legislature designed to promote, and the daring impostor it meant to restrain and to punish?

" This application arises from no hasty project, or restless spirit of innovation. It is meant to advance a claim, which, we are well warranted to believe, is founded both in law and in equity, a claim repeatedly urged by our predecessors, who, we are convinced, only failed in their attempts to establish it from the injudicious measures they pursued.*

" We conclude this address, by acquainting you, that several of our number, against whom no objection can be made in respect of morals or conduct, are desirous to submit to your decision, their claim, as men of learning and skill in their profession, to be members of the college; and by requesting to know, whether, upon application being made by any such person for an examination, previously to his being a candidate for a fellowship, you will admit him to the same trials, which the graduates from Oxford

* We beg leave to refer our readers to " An EXPOSITION of the State of the Medical Profession, &c." published by Longman and Co. 1826, pp. 373.

and Cambridge in like cases undergo; and whether, if his learning, and skill, and character, be approved, you will receive him into the college upon the same terms, and in the same manner, as if he had graduated at either of those universities.

| | |
|---|---|
| *John Cooke.* | *Samuel Ferris.* |
| *W. C. Wells.* | *Sayer Walker.* |
| *Christr. Stanger.* | *Wm. Woodville.* |
| *Edward Fryer.* | *John Relph.* |
| *Alex. Crichton.* | *John Hemming.* |
| *James Sims.* | *Lawrence Nihell.* |
| *John Aikin.* | *Wm. Hamilton.*" |

26th June, 1795.

To the above address, the College gave no answer; and the Licentiates, finding that nothing could be obtained from the equity of the Corporation, proceeded to the recovery of their privileges by law. Of the proceedings which ensued, and over which, it would be well for the College that the veil of oblivion were for ever drawn, it will be our painful duty to speak in our next number.

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## II.

### MEDICAL EDUCATION.

The Physical Society of Guy's Hospital opened on Saturday night, the 6th of October, with a most animated discussion of a paper read by Dr. Hodgkin, on Medical Education. The theatre was crowded to excess, and many of the most talented members of the profession were present as visiters.

Dr. H.'s paper was almost entirely dedicated to the subject of the student's education subsequent to the completion of the apprenticeship, as he did not think that the preceding portion of the student's time came properly under his (Dr. H.'s) cognizance. The Society, however, thought otherwise, and the whole evening was occupied with arguments for and against apprenticeships. Dr. Addison opened the campaign, and made a most brilliant and powerful speech. He placed in the most striking point of view the absurdity of that law, which condemned the young man to sacrifice *five years* of his life—say from 15 to 20—to the drudgery of pounding and compounding drugs, whose chemical properties and medicinal agencies he was entirely ignorant of, while the short space of 18 months was considered sufficient for acquiring the whole range of the medical sciences afterwards! He did not wish to throw any blame on the Worshipful Company of Apothecaries. They had, doubtless, done all they could to improve the education, and, consequently, the utility and respectability of the general practitioner—and infinite good had unquestionably been done by the late Act of Parliament. But still the law of apprenticeship was bad—very bad—and most of the laws relating to the profession generally, were calculated to repress, rather than encourage medical science. He traced the bad laws of the Apothecaries' Company to a higher source than that of the Company itself—to the Royal College of Physicians—whose monopolizing statutes and illiberal restrictions were at once a nuisance and disgrace to the age we live in, and the country we inhabit. He said it was most deplorable that the ear of a monarch renowned for love of science, and the encouragement of literature, should be poisoned by men who ought to use their influence for the general good of the medical profession. Dr. A. indeed, drew a picture here, and made observations, which, though but too true, might yet endanger a prosecution, if we portrayed them on our pages. "The greater the truth, the greater the libel."

The same view of the subject of apprenticeships was taken by Dr. Birkbeck, who ably exposed the loss of time thus incurred. He maintained that apprenticeships of all kinds were bad—even in the most mechanical trades. He forcibly argued that, when the youth is taken from school, say at the age of 16 years, he should at once commence the acquisition of general knowledge, and the rudiments of his own profession. Natural philosophy—natural history—chemistry—materia medica—even anatomy, should be learnt during those years that are spent behind a counter.

Some others followed on the same side, among whom was Dr. Whiting. Mr. Hardy, Dr. Rees, Mr. Key, Mr. Johnson, and one or two others, made feeble attempts to support the system of medical apprenticeship; but their arguments were contradictory, puerile—and some of them laughable. Thus, Dr. Rees submitted that apprenticeship was necessary and

useful, as affording the youth an opportunity of imbibing moral, religious, and domesticated habits, from the example of his master and mistress. Mr. Hardy instantly rejected this argument as perfectly worthless, inasmuch as it was the common practice of the apprentice to learn games of romps in the kitchen with the servants, rather than morality and domestic habits in the parlour. (Laughter.) All on this side of the question seemed to agree, that nothing else could be done with a youth of 15 years, than bind him apprentice for 5 years, to keep him out of harm's way! Mr. Hardy, indeed, while he half condemned and half approved the principle of apprenticeship, strongly urged the rising generation, when they became masters in their turn, to endeavour to inculcate habits of acquiring general knowledge, but especially mathematics, in the young men while under their charge. This gave origin to a rather caustic remark from Dr. Rees—namely, that he had never known a physician, celebrated for his knowledge of Greek, Latin, and mathematics, who was worth a farthing at the bed-side of sickness. The sticklers for Oxford and Cambridge, if any were present, did not choose to dispute this point. Dr. Rees excited a laugh when he alluded to the writings of the mathematical physiologists and physicians, some of whom proved to a demonstration, that the force of the heart was only equal to a few ounces, while others proved, by the same "exact science," that the force of the central organ of the circulation was equal to many thousand pounds!

There were some members who proposed a modification of the apprenticeship, which, they averred, had been already acted on with much advantage. This was, the permission to attend lectures the two first years of the apprenticeship, which rendered the pupil a very useful assistant to his master during the other three years. The general voice of this enlightened assembly was clearly against the present system—some wishing it abolished in toto, while almost all recommended an abridgment of the period of five years.

For our own parts, we have always been of opinion, and this opinion is grounded on actual experience, (having ourselves gone through the drudgery of an apprenticeship) that the actual state of things is bad in this respect. There are some masters, and there are some situations, in which the whole period of five or six years may be advantageously passed under indenture; but these are little more than exceptions to general rules. We conscientiously believe, that two-thirds, at least, of the period of servitude (for it is nothing else) are lost—or worse than lost. When the business of the apothecary was a mere matter of pounding, compounding, boiling, extracting, and distilling, as it now is with the chemist, there was some reason for indenting a youth for seven years to become *au fait* in all these various and complicated manipulations. But now, when the general practitioner is, to all intents and purposes, the general physician and surgeon—when his pursuits are intellectual, and not mechanical, it is absurd to cling to the old system of apprenticeship. True it is, that, under the existing order of things, there will be much inconvenience in dispensing with the services of the apprentice—for who is to make up the medicines, when the master comes home, tired with his daily rounds? We hope the day is not far distant, when the general practitioner will shake off entirely all connexion with the dispensing of medicines, and with the mere trading part of the profession. We hope and trust that we will yet live to see the day, when every general practitioner's medical education will be as complete—his studies as extended, and his examinations as rigid, as those of the physician and surgeon so called. This approximation is rapidly approaching—and, as it draws to a consummation, his medical attendance on the sick must and will be rewarded by fees, and not by the price of draughts and pills prescribed. He will then require no apprentice.

In the course of the discussion this evening, a very ludicrous *collision* took place among the three grades of the profession, which, at one time, threatened a WAR—of words at least! The brother of Dr. Hodgkin, (who, we believe, is of the legal profession) evidently with the best intentions, read some extracts from certain judicial records, shewing that the original *apothecary* united the very lucrative business of *grocer*, with the "art and mystery" of his own peculiar calling. This was like a spark of fire applied to

a barrel of gun-powder! The enquiry was immediately instituted as to the origin of the *surgeon;* when it was clearly proved that *he* did not, in days of yore, disdain to flourish the razor, and thereby drop the penny into the till, for smoothing the chin of the—"unwashed artisan," on a Saturday evening! *(Roars of laughter.)* The *physician's* turn came next. The younger Mr. Hardy shewed that "their high mightinesses" the cotemporary physicians of the barber-surgeons and grocer-apothecaries, united with the "art and mystery" of their avocations the sublime science of ASTROLOGY—and that many of them derived a larger revenue from the interpretation of what was passing among the *heavenly bodies*, than what was going on in the *bodies of their patients. (Continued laughter.)* There was now a kind of instinctive impulse to put an end to this investigation. The physicians, the *pure* surgeons, the general practitioners, and the "Worshipfuls," all jumped up, as it were, *per saltum*, to apologise to, and compliment each other on the *millenium* which now obtained in medical science! All retrospection of the past, and investigations into the origins of the different ranks in the profession were dropped by mutual consent—as subjects by no means calculated to promote the most pleasant feelings, or conduce to the harmony of the society.

There was an observation which fell from Mr. Johnson, one of the examiners in the worshipful company, which excited an extraordinary sensation of disapprobation, even in the ranks of those who supported the said company. He broached the opinion, that too good an education, and too much scientific knowledge, only rendered the surgeon-apothecary discontented with his lot—and, consequently, proved a disadvantage in his professional progress through life. This was so unsavoury a dose to the "march of intellect," that a spectator would have augured, from the countenances of the members, that each individual had that instant swallowed a large draught of salts, senna, and assafœtida! The poor examiner was obliged to eat up—his own physic—and we think a severer punishment could hardly have been inflicted.

Thus ended the first night's discussion, the remainder of the subject being adjourned till the succeeding week.

Although, in these debates, nothing was, or could be decided on, since the evil of apprenticeship was sustained by a parliamentary enactment, yet the debates of the evening tended to shew a powerful preponderance of sentiment and argument against the present system—and such developments of public feeling and opinion must pave the way to a repeal of the obnoxious laws, and a final correction of the evil. It is with the view of contributing our mite to this "consummation so devoutly to be wished," that we have presented a sketch of the Society's deliberations, and appended our own conclusions.

The adjourned meeting, on Saturday, the 13th October, was equally stormy, but not so interesting. The plan of study recommended by Dr. Hodgkin was, however, generally approved of, but, as it is already before the public through other channels, we shall not touch on it here.

Dr. Hodgkin should publish his paper, in order that it might circulate freely among the students.

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## III.

### MEDICAL EDUCATION IN EDINBURGH.

By an able paper in a late number of our northern cotemporary, bearing the initials of the junior Duncan, we have now a view of the unfortunate litigation which subsists between the patrons and professors of the northern university. It appears, in short, that the intellectual citizens—that is, the worshipful companies of butchers, brewers, tanners, and weavers, have determined to shew the world that they can regulate the ACADEMIC CURRICULUM with as much exactness as they can cleave a chine of meat, stir up a vat of malt, curry the pelt of a calf, or ply the shuttle on a tartan petticoat! The town council consists of seventeen members of the merchants' company, and sixteen from "the incorporated trades." "By profession," says Dr. D. "none of these gentlemen are at all connected with letters, or necessarily in habits of communication with the learned—except the surgeon." Yet these are the men who are to legislate on all purely academic matters! It is pretty broadly hinted, that an individual of one of the incorpo-

rated trades—namely, the President of the College of Surgeons, is the prompter on this occasion. If he and his party carry the point against the SENATUS ACADEMICUS, they may give orders at once to one of the incorporated trades—the painter, to write, in large black letters, over the gate of the university—EDINA FUIT. The halls of that famous seat of medical lore will soon be as deserted as the ruins of Palmyra. This is the opinion of Dr. D. himself. "Were the honorable patrons to succeed in establishing their claims, the downfal of the university may be confidently predicted." What parent would send his child to be educated at a University whose fluctuating government (the members remain in office but one or two years) would be perpetually altering the regulations, so that no student could depend on the stability of the curriculum? Who would imagine that the patrons of the University tried all in their power to make the *new* regulations or statutes lately enacted *retrospective* on those who had previously been pursuing their studies! Every one knows that nothing is more unjust or impolitic than the retrospective operation of a new law. If we may judge by this sample of liberality, the *modern* Athens is in as tottering a condition as the *ancient!* Her walls, indeed, are not beleagured by the Turk and the Mameluke —but the foundations of her fame are sapped by the blind zeal, the turbulent passions, and the conflicting interests of her own citizens!

For the Senatus Academicus to maintain a tedious and expensive law-suit with the patrons, who had the public purse to draw upon, would have been madness; and, therefore, they wisely, as the lesser of two evils, appealed to the Crown, which has appointed a Commission to settle the disputed points. We sincerely hope, and confidently believe, that the Royal Commissioners will leave in the hands of the Senatus Academicus the management of all matters purely academical.

Dr. Duncan has made some excellent observations on the *preparatory knowledge* to be possessed by young men before they commence the study of medicine. By some medical reformers a most extravagant quantum of extra-professional learning and science is insisted on. They say it is absolutely necessary that physician, surgeon, and general practitioner, should be intimate with the Greek, Arabic, Latin—English, French, German, and Italian languages:—with moral and natural philosophy, logic, rhetoric, metaphysics, geometry, algebra, mechanics, hydrostatics, acoustics, optics, and, in short, with almost the whole range of human knowledge! Bless the literary and scientific noddles of these believers in the perfectibility of human nature! They seem to have no idea that life is bounded to 60 or 70 years, and that the study of only *one or two branches* of the healing art, such as pathology and therapeutics, would require a life of thrice the ordinary duration, to be even tolerably complete! Are we then to squander away a great proportion of our time in acquiring a knowledge of certain languages and sciences bearing so remotely on the practice of medicine, that it would be extremely difficult to *prove* them as auxiliaries at all; with the risk, nay, with the certainty of taking away time from the necessary study of the most vital and essential parts of our science? We must not legislate for those alone who are endowed with superlative talent. Every man is not a Crichton. We must adapt the scale of acquisition to the general run of mankind, leaving genius to outstrip its cotemporaries, and shine—

——— velut inter ignes,
Luna minores.

Upon these points, Dr. Duncan has made some excellent and pertinent remarks. He properly observes that the knowledge of languages, in itself, derives its chief utility from its facilitating the acquisition of useful knowledge. Let us take Greek, for example. This is the language of the fathers of physic, and that from which the terms of the medical art have been almost all borrowed. But, will any candid person aver that the useful portion of Hippocrates may not be as well learnt from the right as from the left hand columns of Vander Linden's edition—from the Latin as well as from the Greek? But then the terms are derived from the Greek. Be it so. If names are meant to signify things, we really see little advantage in knowing from whence that name is derived. Indeed, in innumerable instances, the derivation serves only to give us an erroneous notion of the nature of the thing so named. "It

is," says Dugald Stewart, "In many cases, a fortunate circumstance when the words we employ have lost their pedigree;" for then, "the obscurity of their history prevents them from misleading the imagination, by recalling it to the objects or phenomena to which they owed their origin." Of what assistance will be the derivation of febris or typhus, in comprehending the nature of the malady? To be hot or to be soporose is not peculiar to fever or typhus. The derivation of inflammation would convey the idea of lighting a candle rather than the disease which it designates. What idea of erysipelas does the derivation of that word convey! In short, as Dr. Duncan has truly observed, "all attempts at descriptive terminology have utterly failed, and have impeded, instead of advancing the progress of knowledge." What has the terminology of Dr. J. M. Good done for the knowledge of diseases? Precisely what Dr. Duncan affirms—"it has had no other effect than to impede the dissemination of any addition to our knowledge that may be otherwise contained in his writings." God forbid that we should attempt to throw any slur on classical erudition. On the contrary, we believe that it eminently expands and liberalizes the mind; but to say that a knowledge of the Greek, or indeed of any other derivation of the names of diseases, conduces to a knowledge of the diseases themselves, is as false as it is absurd. If then the time or the capacity of the medical practitioner be inadequate to the acquirement of many languages, we would say, drop the Greek, rather than French, German, or Italian. Latin, for various reasons, is indispensable—but not so Greek. Natural philosophy, and the various branches of literature and science, are highly ornamental, but we question whether they conduce, in any very material degree, *and in a direct manner*, to the improvement of practical medicine. If it be true, and we believe it is, that the whole of the healing art consists in OBSERVATION, it follows that the study of classical learning, natural philosophy, polite literature, metaphysics, and the various mechanical arts, can only be considered as excellent and ornamental exercises for enlarging and strengthening the mind, thereby rendering it a more apt recipient for the purely medical knowledge that is to follow. But this, like every other good, is not without alloy. The delightful paths of literature and science form a great contrast with the dry, and often unsatisfactory, study of medicine. And we put it to those who are best able to judge, whether or not the mind inclines to those exercises and recreations which afford most pleasure and amusement, to the comparative neglect of the wearisome and difficult investigations of pathology and therapeutics. Had the late Dr. Good paid as much attention to the recent progress of pathology, as he did to poetry and metaphysics, he would not have been rejected by the College of Physicians. The writer of this article was examined at the College on the same day that Dr. Good was; and, in conversation, while pacing the long and sombre hall of old Warwick, he was astonished to find that the translator of Lucretius knew scarcely any thing of what had been done in the investigation of the seats and effects of diseases since the days of Morgagni! Here was an instance where the "pursuits of literature" and science had drawn the mind from, at least, *one* important branch of medical study. Were we disposed, we could adduce *living* instances of the same kind; but it is unnecessary. Nor are we unaware that many of the greatest ornaments of our profession were men of literature and science; but the example of John Hunter proves that science and literature are not *essential* to the most splendid attainments and discoveries in physiology, medicine, and surgery. As Dr. D. has well observed, "natural philosophy is the science of dead matter; the physician deals with living bodies, whose distinctive vital properties far overbalance the dead machinery." How far do the laws of mechanics assist the surgeon in reducing a dislocation—the laws of optics, the oculist—or those of acoustics, the aurist? Very little indeed! And these are the three branches of science which come more immediately into play in elucidating *physiology*.

As for the science of mind, we do firmly believe that the study of physiology and pathology (which are our own direct employments) throws more light on the nature of mind than all the metaphysical disquisitions that have ever been engendered in the brains of philosophers.

Upon the whole, we imagine it will be a very difficult and delicate matter to regulate the literary and scientific attainments of those who are destined for the general practice of their profession. That a competent education is desirable, and indeed necessary, no one will deny; but the *extent* of this preliminary education will be hard to fix. No doubt it is advantageous for the Fellows of the London College of Physicians to have a university education; but to expect this in all ranks and classes of medical society, is perfectly Utopian. What remuneration would nine-tenths of general practitioners have for such an expensive education? And would the study of classical literature, philosophy, and science, *in academic bowers*, qualify or adapt them for the drudgery of their profession among the different classes of society afterwards?

## IV.

THE REGULATIONS AT APOTHECARIES' HALL.

That every candidate for a certificate to practice as an Apothecary, shall be required to possess a competent knowledge of the Latin language, and to produce testimonials of having served an apprenticeship of not less than five years to an Apothecary; of having attained the full age of twenty-one years, and being of a good moral conduct.

N. B. Articles of apprenticeship, where such are in existence, will be required; but, in case such articles shall have been lost, it is expected that the candidate shall bring forward very strong testimony to prove that he has served such an apprenticeship as the Act of Parliament directs.

He is also required to produce certificates of having attended not less than—

One course of lectures on materia medica and medical botany;

One course of lectures on chemistry;

Two courses of lectures on anatomy and physiology;

Two courses of lectures on the theory and practice of medicine: these last to be attended subsequently to the lectures on materia medica, chemistry, and to one course, at least, of anatomy.

N. B. No testimonial of attendance on lectures on the principles and practice of medicine, *delivered in London*, or within seven miles thereof, will render a candidate eligible for examination, unless such lectures were given, and the testimonial is signed by, a fellow, candidate, or licentiate of the Royal College of Physicians.

A certificate of attendance for six months, at least, on the medical practice of some public hospital or infirmary, or for nine months at a dispensary; such attendance to commence subsequently to the *termination* of the *first course* of lectures on the principles and practice of medicine.

N. B. Physicians' pupils, who intend to present themselves for examination, must appear personally at the beadle's office, in this Hall, and bring with them the tickets, authorising their attendance on such practice, as the commencement thereof will be dated from the time of such personal appearance.

The regulations relating to the order of succession in which the lectures on the practice of medicine, and the medical practice of an hospital or dispensary, are to be attended, are designed to apply to those students only who shall commence their attendance on lectures on or after the 1st of February, 1828; and all such persons are particularly requested to take notice, that unless they shall have strictly complied with such order of succession, they will not be admitted to an examination.

In addition to the course of study above required, and which is indispensably necessary, the candidates are earnestly recommended to attend one or more courses of lectures on midwifery, and the diseases of women and children, on the latter of which subjects, as an important part of medical practice, they will be examined.

The Court have determined, that the examination of the candidate shall be as follows:

1. In translating grammatically parts of the Pharmacopœia Londinensis, and Physicians' Prescriptions.

Should any doubt arise as to the Candidate's possessing a competent knowledge of Latin, he will be required to translate a passage, or passages, from some one of the easier Latin authors.

N. B. The Court are anxious to impress upon candidates a conviction of the necessity of a knowledge of the Latin language, because they have had the painful duty imposed on them of rejecting several persons, entirely from their de-

ficiency in this important pre-requisite of a medical education.

2. In chemistry.

3. In the materia medica and medical botany.

4. In anatomy and physiology.

5. In the practice of medicine.

Notice.—Every person intending to qualify himself under the regulations of this Act to practise as an Apothecary, must give notice in writing, addressed to the clerk of the Society, on or before the Monday previously to the day of examination; and must, also, at the same time, deposit all the required testimonials at the office of the beadle, at Apothecaries' Hall, where attendance is given every day (except Sunday) from nine until two o'clock.

The Court will meet in the Hall every Thursday, where candidates are requested to attend at half-past one o'clock.

By order of the Court,

John Watson, Secretary.

London, Sept. 14, 1827.

Information relative to the business of this Court may be obtained of Mr. Watson, at his residence, 43, Berner's-street, between the hours of nine and ten o'clock every morning (Sunday excepted.)

*** It is expressly ordered by the Court of Examiners that no gratuity be received by any officer from any person applying for information relative to the business of this Court.

It will be seen that the principal changes in the above Regulations relate to the order of succession in which the various branches of medicine shall be studied. The great object is evidently to compel the student to pass two seasons —or, in other words, to study *two years* in London—a regulation which we cannot but approve, as we consider the ratio of medical education for the general practitioner as, even now, below what it should be. Those who urge that *an examination alone* should be the test for candidates of all kind in medicine, know nothing of the matter. There must be authentic proofs afforded of a *certain time* spent in the acquisition of knowledge, as well as of the identical spots where the knowledge was obtained, otherwise book-learning would, in a great measure, supersede the study of nature in the dissecting room, and at the bed-side of sickness. We do not say, indeed, that a more efficient examination is not necessary. Far from it. The mode of examination at the Royal College of Physicians is the worst of all calculated to test the candidate's qualifications—that in the College of Surgeons is better, but far from sufficiently strict—and we believe the same may be said of the Apothecaries' Company. But it is evident that the two last corporate bodies cannot rise *per saltum* to an *efficient* examination, till they can gradually introduce laws for an *efficient* preparatory study. This, they appear to be doing; and every step, however slow, by which they proceed, is entitled to the approbation of all who wish well to the profession.

We firmly believe that the increased period of study among students—the necessary enlargement of their education—the consequent acquisition of liberal ideas —and the aid of a spirited and upright press, will yet check the horrible system of demoralization and calibanism which has been lately instilled into their minds through the medium of a wicked press. The tide of honour and liberality has again turned, after the lowest ebb ever witnessed in modern times; and the results will soon be conspicuous. Our efforts shall not be wanting in the good cause.

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## V.

### Lunacy—Insanity—Unsound Mind.

The medical profession would really seem to be in a most critical situation. Scarcely is there a newspaper published, which does not attach some foul stain on the moral character or professional acquirements of medical men! Every one knows what the Times has lately said of the ignorance, and the mercenary character, of medical practitioners, as furnished by the representations of the Lancet and its partisans; and the Morning Chronicle of Saturday, the 3d of November, plainly states that medical men, when called into a court of justice, are precisely like lawyers—namely that they will furnish arguments on any side of a professional question for which they are best paid! This caustic remark was called forth by the working of a commission of lunacy,

issued against the Rev. Mr. Holmes, aged 77, and before which commission, a number of medical gentlemen were examined, and contradicted each other, as usual, in the most distressing manner.

It may not be useless to look a little into this evidence. Dr. Pennington, who had been physician to the Nottingham Lunatic Asylum for 15 years, had examined Mr. Holmes, and the following were the *facts* on which he grounded his opinion.

"Breakfasted with Mr. H. Mrs. H. and Mr. Amor, her brother. A newspaper lay about, and the Dr. said, Do you read the newspaper, Sir? to which he replied, Oh yes, every day. Dr. P. remarked, They have been more than ordinarily interesting of late, on account of the melancholy death of Mr. Canning—to which he replied, O! Mr. Canning, poor man, is he dead? O! I did not know that he was dead; O! poor man. Knowing that he was acquainted with Mr. Benjamin Maddock, the surgeon, I said, Have you seen or heard any thing lately of your friend, Benjamin Maddock? Benjamin Maddock, said he, how does his brother John do? I said his brother John had been dead twenty years, to which he answered, O! poor man.—Witness afterwards saw Mr. H. alone. After some other conversation, I said, Sir, have you any child? He said, O no, no family, no children at all. I said, I understand, Sir, you've a daughter? He replied, O yes, I believe I have a daughter. Is she married? Yes, she is married, but has no family. Pray what is her name, the name of her husband? O, I don't know the name of her husband, and this answer he repeated several times. After a pause, he said, I think his name is Stevenson. I said, pray, Sir, how long has your brother been dead? To which he replied, I have a brother living, a druggist, at Leicester; he is not dead. I said, I understand he is dead, and you had property of your brother's. He said, O, I had a brother, who died some years ago, but he left me nothing. I said, Had you no property from Mrs. Chamberlain? Mrs Chamberlain, he said, is still living. I said, You have a large property, where is it situated? He said, I have property in Lincolnshire, but I do not know what is the name of the place. I said, I understood your income is considerable, what is it yearly? He said, I do not know how much my income is. Then you have a steward, I rejoined. He replied, no, indeed, not I, I have no steward; I do my business myself, and I go to Sleaford to receive my rents. Have you been there lately, Sir? to which he answered, I cannot recollect when I was there last. Another question was, Was Silcock a charwoman or a domestic servant? to which he replied, I do not know whether she is hired for a charwoman.—Do you know Mary Buckley? and to this he answered, I never knew Mary Buckley, no person of that name ever lived with me.—Another question was, Have you seen Dr. Arnold lately, or more than once? to this he said, he called on me once, but not the second time at all.—Have you seen Dr. Peach lately? I have not seen Dr. Peach lately, no not for a year.—Pray, Sir, what is your age? I am 77.—Such were the questions that Dr. Pennington put to him, and his replies. His manner was confused at times, and at times was trifling, and he generally ended his observations with a silly kind of laugh.—Witness considered his condition to be what is denominated *dementia*, or fatuity of mind, denoted in Mr. Holmes by the decay or abolition of the thinking faculty, which rendered him unfit for the ordinary purposes of life."

Dr. W. Arnold corroborated the above testimony, by stating it as his opinion, that "*mental imbecility, feebleness of mind, and a great want of memory*, were the chief features in Mr. Holmes's case." "For the management of pecuniary matters, he was totally unfit."

We shall pass over a number of non-medical witnesses, whose evidences were unimportant, though they tended substantially to confirm that of the two physicians above-mentioned. We now come to the great man of mind, on the other side of the question—namely, Dr. Haslam. He stated that, for 57 years past, his practice has been confined to diseases of the mind—that he had had sufficient means of knowing Mr. Holmes's state of mind—and that "he believed him to be a responsible being, completely so"—that he believed him not to be a lunatic—that "he did not think he was of *unsound mind* at all." Dr. Haslam was quite shocked at the idea of applying the term *unsound* to mind, as "*it has a tendency to spread the doctrine of materialism!*" Mr. Holmes's

mind was perfectly sound—he was only "*non-compos*—that was the proper term." "If Mr. Holmes (a man acknowledged to be "*non-compos*") were to murder a man, *I would find him guilty*, and would *see him hanged after ! ! !*" "The mind cannot be said to be unsound, for, if we suppose the human mind an emanation from the Supreme Being, it is not susceptible of the ordinary corruptions of matter." "We can say an unsound tooth, an unsound horse, or unsound cheese; but we cannot say an insane tooth, an insane horse, or insane cheese, and, *therefore*, they are not convertible terms." On cross-examination, Dr. Haslam observed that "the expression *defective* mind relates to quantity:—The mind is incommensurable, but the *unsoundness of cheese* commensurable by the *number of mites*, and the extension of rottenness ! !" Notwithstanding the brilliancy of these metaphysical distinctions, the jury brought in a verdict of "unsound mind, and incompetency as to the management of his own affairs"—"partly from paralysis, and partly from old age"—but that he was not a lunatic.

The quibbling metaphysical jargon displayed in Dr. Haslam's evidence is perfectly sickening—and, after such a display, we do not much wonder at the caustic remarks of the Chronicle. But let us examine a little into the consistency of this great metaphysician, who is so shocked at the idea of the human mind, an *emanation from the Deity*, being "susceptible of the ordinary corruptions of matter." This emanation from the Deity is thus defined by Dr. Haslam himself, in his recent lectures.

"The *human mind* is not the progressive unfolding of *intellectual* germs, which nature first protrudes and subsequently expands; but a *structure* that is *reared, in its primordium*, by *casual excitations*, and, in its most important attainments, by the active exertions of the *individual himself*."—Lancet.

Now, if there ever was a doctrine or definition more completely, palpably, and unequivocally, that of *materialism* than the above, we acknowledge ourselves to be incapable of perceiving the difference between A and B. Such, however, is the doctrine delivered in *Bolt-court*, by a man, who, in a *court of justice*, *cants* forth the exalted doctrine, that the mind is an emanation from the Deity, and insusceptible of the ordinary corruptions of matter—that mind which he declares to be the nurseling of *casual excitations*, and dependent on the individual himself for all its more important attributes and attainments!

But again. Dr. Haslam, after pronouncing the Rev. Mr. Holmes to be "NON COMPOS," declares that, if the said *non compos* individual took away the life of another, he would not only find him guilty—but "*see him hanged afterwards ! !*" Gracious heaven! is it possible that such a *savage* declaration could issue from the mouth of a *medical philosopher* in the nineteenth century? Can we blame the Chronicle for affixing a sweeping stigma on the medical profession generally, when such evidences as the above come forth in courts of public justice! These are the ways in which a whole faculty is disgraced in the eyes of the public, by the clashing testimonies of men, from whom scientific truths are, or rather *were* expected, but whose evidences are *now* held in scorn and derision by judge and jury!

In fine, we have no hesitation in pronouncing the *opinions* of Dr. Haslam, on the above trial, to be *erroneous, quibbling, and ridiculous;* and that the verdict of the jury, which was in direct opposition to these opinions, was just, proper, and accordant with pathological science.

To maintain that the mind of man is *sound*, when all its more important faculties and manifestations are in utter decay, (as was the case with Mr. Holmes) is about as much as to say that a man is in perfect health and strength, when, as in the seventh Act of Shakspeare, he is —"*sans eyes, sans teeth, sans taste, sans every thing.*" The organ of Mr. Holmes's mind was as incapable of performing its office, as is a harp of bringing forth harmonious sounds, when nine-tenths of its strings are broken.

We are sorry to observe that, in some cross-examinations of the other medical witnesses by the lawyers, certain confessions came out, not very complimentary to the "march of intellect" in the nineteenth century. Thus, when physicians were asked if they knew what were the sentiments of some of the most eminent medical writers, ancient and modern, on the subject of insanity, the reply was,

that they had not perused any such writings, but that they had read "Haslam on Sound Mind!!" What must be the effect of such confessions on the minds of judge, jury, and auditors? We blush for the answer—but out it must come. The minds of medical men, of late, have been too much captivated with the seductive pleasure of seeing their brethren caricatured, scandalized, and defamed. The painful and laborious investigations of medical literature and science are quite disrelished after such piquant sauces. But the day of retribution is at hand—nay, it has already come! The professors of a learned and humane science are on the very brink of losing their character, and of being precipitated into the abyss of ignorance—if not the general detestation of their more liberal and enlightened neighbours! These are the effects of demoralizing publications and scandalous chronicles! They are coming home, with terrible retribution on the heads of the innocent as well as the guilty! The reaction is inevitable, and the ultimate consequences will be most salutary. Medical men will soon awake to their *own interests*, as well as to the respectability of their profession and the good of society at large. Another and a better æra is on the eve of bursting forth.

P. S. What between the technicalities of the law and the quibbles of physic, the relations of Mr. Holmes are likely to have merely the shells, while the lawyers and doctors devour the oysters. It appears that, in an appeal to the Chancellor, a flaw was discovered in the verdict of the jury, and a new commission is to be issued! Another council of TRENT is to determine whether a man who is pronounced by both parties—even by Dr. Haslam, as *non compos*, be also of "unsound mind." Some of the Chancellor's observations are to us Chaldaic. This, however, we can understand. "If the jury had said directly that Mr. Holmes was of unsound mind, their finding would be direct and *proper*." But, in consequence, we suppose, of the fine spun theories which were sported by Dr. Haslam, the unlettered jury brought in Mr. Holmes as "afflicted with paralysis and old age, and consequently of unsound mind." This introduction of the *premises* was fatal to the *conclusion*, and the whole business is to be gone over again, in order to leave out the paralysis and old age! In law there is nothing certain but *ruin*—in physic, but *death*.

## VI.

### LUNATIC ASYLA.

In this inquiring age, it was not to be expected that the disgraceful manner in which pauper lunatics were *let out* to the *lowest* bidder, could long remain unstigmatized. Various investigations had taken place before committees of the House of Commons; and although facts of the most revolting nature came out, nothing was done in the way of remedy. The magistrates of the county of Middlesex at length took up the business, and, after a somewhat stormy discussion, it was carried, almost unanimously, that a county lunatic asylum should be erected for insane paupers, in order to supersede the disgraceful system of sending them out, at 14 or 15 shillings a week, to starve, rot, and become incurable, in certain of those wretched asyla, ycleped "private madhouses." In this discussion, we are sorry to observe that transactions came to light not very well calculated to enhance the character of the medical profession, whether we look to the highest body or to the humbler members of that profession. Thus, it was proved by Serjeant Pell, that, although the houses for the reception of lunatics are (or rather are said to be) under the inspection and control of the Royal College of Physicians, yet it appeared from evidence before the House of Commons, "that that learned Body either did not possess, or did not exercise any efficient check and control for the correction of the abuses which prevailed in these establishments." The learned commissioners visited these asyla once or twice a year—they granted licences to whoever applied for them, "no matter how unfit the persons making the application might be—no matter how gross their former misconduct." Yes, yes! the *licensing* trade has been an excellent one at the College—the fitness or unfitness of the persons licensed was quite another thing! The price of the licence was the 'main chance;" but, for the character of madhouse-men or licentiates, the College was not responsible! Well might Serjeant Pell observe that, if the College had no

power or inclination to *withhold* licences, "wherefore was the authority of *granting* licences at all given to them." Wherefore, indeed! But can any rational being doubt, for a moment, that, were the College commissioners to do their duty in *detecting and reporting abuses*, they would be supported by the proper authorities, and licences would not only be withheld but *withdrawn*, where delinquencies obtained? The truth is, that, because the Act of Parliament *is* defective, the commissioners, like commissioners in general, considered the routine of their inspection as a matter of course, and a mere form of doing a certain quantum of duty, annually, without any corresponding return of utility to the public or to humanity!

But we are compelled to advert to a disclosure which will long rank high among the indelible stigmata which the present demoralizing influence of the medical press has given rise to, and affixed on the medical profession.

Mr. Jessop, in adverting to the parliamentary reports, stated, that the evidence given before the committee presented such a lamentable exhibition "of evasion, subterfuge, and downright falsehood," as he had never before witnessed in the course of his professional life. A surgeon who attended a celebrated establishment for insane paupers, as assistant to another surgeon, asserted, point blank, that his superior or principal kept a regular book of the cases, on which book he pronounced a high eulogium. Yet, when the principal, Mr. D——, was examined, he declared, that the whole statement of his friend was a romance, without a particle of foundation, as he never kept any book of the kind!! The auxiliary surgeon described, with great minuteness, the shape, size, and arrangement of this register, the existence of which had no other "local habitation" than his own brain!

And can we wonder at such exhibitions, when the medical press, for several years past, has taught, by precept and example, the various methods of cultivating the organ of *mendacity*, with the greatest degree of perfection and success? Can we wonder that men of weak and bad principles should readily give way to such propensities, when they see them practised with great profit and advantage, by directors of the medical press? Will it be believed, that there are men in this great metropolis, who rank high in medical science, but who are wicked enough to expend considerable sums in the reward of those who can invent the greatest, but, at the same time, the most plausible falsehoods, against the brightest characters in the medical profession? For the honour of human nature, we hope this will not be believed—yet such, we are credibly informed, is a certain fact! The days of Sparta are returning, when thievery will be stigmatized *only* when it is awkwardly performed!

## VII.

### WONDERFUL VIRTUE OF VENESECTION.

The Medico-Chirurgical Society has revived from its bed of sickness or of death, and flourished. The Lancet begins once more to report, and modestly attributes the resuscitation of the Society to the vivifying influence of ITS REPORTS!! The modesty and the truth of this passage are quite on a par. There is just as much veracity in this statement as in the statements in general contained in the *leading articles* of that instrument, the beauties of which we shall now have pretty frequent opportunities of portraying. It has now come out,* that the EDITOR is merely the PROPRIETOR, and that all the flaming articles about reform—in short, the whole of the *leading articles*, were written by hireling scribes, who cared no more for the profession than for the inhabitants of the moon!! By the way, we have a word or two to say as to the right or the propriety of these reports of societies. We conceive, then, that the papers read at a society which publishes the said papers, in the form of transactions, are, or ought to be, sacred; and no journalist has any right to publish reports of them before the society. The case, we conceive, is very different with those societies which do not publish their transactions—and with those debates which take place in consequence of the reading of papers afterwards to be published. These debates are no man's property. They are words spoken—and, if fairly condensed, the publication of them is praiseworthy and free from objection. Till very recently, debates were discouraged in the Medico-Chirurgical Society,

* Vide DISSECTOR, No. 7.

and nearly two years ago we publicly urged the Society to adopt measures for promoting *viva voce* discussions. These measures have been adopted—and hence one cause, at least, of the resuscitation of the Society. One other cause, we allow, was the Billingsgate abuse lavished on the society, and the prediction of its dissolution, by the junto of the LANCET. This abuse and this prediction had precisely the same effects as the strenuous workings of the Lancet had on the Bartholomew students. They produced their antidote.

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A LANCET and a FALSEHOOD have long been so completely synonymous that it is hardly worth while to rebut the mendacious assertion that we have discouraged the publication of hospital reports. Ever since the commencement of our Journal, we have never ceased to urge the example of the continental hospitals, where intelligent elèves are appointed to record and publish cases. But we always did, and always will condemn the publication of garbled, distorted, and falsified reports, as manufactured for the LANCET —a journal which pays the highest price to that reporter who shews most alacrity and ingenuity in falsifying all cases that happen under any physician or surgeon not of the junto! *This kind of publication* we shall not fail to hold up to the scorn and detestation of mankind—while every fair and correct hospital report shall receive our meed of approbation.

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## VIII.

### COLLEGE OF PHYSICIANS *versus* DR. HARRISON.

Many versions of this *versus* have been given to the public, without any authority —and, what is worse, without any foundation in truth. It has been asserted that the prosecution has been given up by the College. It has never yet commenced. The latest information which we have been able to obtain (up to the 8th Dec. when this sheet went to press) is, that a committee had been appointed by the College to collect evidence of practice against Dr. Harrison; but that it was very uncertain when the proper legal proof would be obtained. Many weeks ago, the lawyers of the adverse parties had a meeting, when the College solicitor asked for *voluntary* proof of practice on the part of Dr. Harrison. This was refused. For our own parts, had we been in Dr. Harrison's place, we should, after what had passed, have given up the admission of practice, in order to bring the question to a legal issue. The only reasonable excuse for withholding this admission, is, to try whether the College can bring home the *necessary legal proof of practice*, against any man. As the prosecution must hinge entirely on the acts growing out of the charter of Henry VIII. and as it is there decided that a man must practise (de die in diem, of course) for the space of a month, before he is finable, so we apprehend that it would be extremely difficult to bring home such proof against Sir Henry Halford himself. If we were on the jury, (for a jury and not a judge must decide as to the proof of Dr. H's practice,) we should certainly interpret the statute as "*uninterrupted* practice for 28 days"—and it is just possible, whatever the lawyers may opine, that a jury will look at the act or statute with the eye of common sense, and not under the influence of corporate pride or legal quibbling. On this principle, Dr Harrison is probably right in trying the issue of the preliminary step; for if the College demur in prosecuting, on the ground that evidence cannot be obtained against a man in the receipt of two or three thousand a year, as a physician, then, of course, no man can be prosecuted, and the matter, so far as Dr. Harrison is concerned, will drop. But the physicians of England and Scotland should not let the question fall to the ground. They should, one and all, unite in a petition, first to the College, and if rejected there, to the Legislature, praying for an inquiry into the state of this part of the profession. They should form no cabals—give themselves no designations—deviate not an inch from public, manly, and constitutional proceedings, for the redress of their grievances. Our own advice would be, for physicians, surgeons, all classes of medical society, to unite in one general petition for parliamentary inquiry into the state of the profession, so that the present disgraceful chaos—this

"Monstrum horrendum informe,"

may be re-organized and set on a level with the faculty of physic and surgery in other nations. We shall quickly return to the subject again.

# PRIZE HOSPITAL REPORT,

## No. V.

Mr. G. WICKHAM, Guy's Hospital.

I.

A CASE OF "DELIRIUM TREMENS" TERMINATING IN "IDIOTISM."

Thomas Rolfe, æt. 29, a shoe-maker, was admitted, under Dr. Elliotson, 21st July, with symptoms of muscular debility, amounting almost to paralysis. There is trembling of the extremities, so that he is incapable of holding any thing steadily, or even of standing quietly—he is thin, and appears to have lost flesh. On being questioned as to the probable cause of his complaint, he betrays some incoherence, as if induced by mental distress, constantly referring to circumstances of business, without shewing the slightest connexion. He distinctly speaks of pain in the head, when asked concerning it, but every part of the body is equally the seat of pain—his genitals, however, seemed to draw his attention considerably, although he could describe neither the pain itself, nor the cause for it. A relative informs us that this state has been eight or nine weeks from its commencement; he has been occasionally attacked with spasms, as she termed it, which once terminated in a temporary loss of sense and power; he has been harrassed in business very considerably, and has laid his head upon a pillow at the end of the day, as if more perplexed than fatigued; he has been married several years, but has no children.

Baln. tepid. at 95° b. d. for 15 minutes. Emp. canth. fronti et occipiti, under the idea that pain existed in the head to some extent, which we learnt from the wife afterwards, he had never complained of. Acid. Prussici, ℥ iij. Infus. sennæ, ℥j. ter die; strong beef tea, ℔iij. quotidie.

23*d*. Pulse varies from 72 to 84—stools copious and dark. There is still universal pain, if asked concerning it. He flinches on pressure at the pit of the stomach alone. Acid. Pr. ℥ jv. Inf. sennæ, ℥ss. t. d.

26*th*. Debility very great—tremor much increased—incoherence and jactitation both very prominent—restlessness during the night. These induced the opinion of its being *delirium tremens*. Pulv. opii, gr. ij. ter die.

28*th*. Much quieter, and has slept. Pulv. opii, gr. iij. ter die.

30*th*. Better in every respect—trembling almost gone—slept well—incoherence concealed from a reluctance to talk—pulse 70 and regular—not increased in volume. Pulv. opii, gr. jv. Inf. sennæ, p. r. n. Has been purged, but is better.

*July* 3*d*. Perfectly quiet as to trembling, but very restless and incoherent—bowels open—pulse full and soft: has taken senna daily. Opii, gr. v. t. d. Mutton chop alt. die.

7*th*. The opium has been increased to eight grains without affecting the system, but his intellects are gradually losing power.

19*th*. He has remained in the hospital till to-day, although his present state is confirmed *idiotism*. He is now removed to Bethlem Hospital.

Making every allowance for abstract terms, I should be inclined to designate the commencement of this case, a *first stage* merely of idiotism. 'Tis true, there was "equal feebleness of body and mind," but the term *delirium tremens* is referable to that state only, when following "too free a use of spirituous liquors," a propensity to which was denied, in this case, by all his friends. But, according to Mason Good, "violent agitation of the passions" is not an unfrequent cause of "*accidental* idiotism," and "deep and protracted grief" seems here to have induced—for, being a man of very ordinary capacity and well disposed, he felt the

misfortunes of life degrading to him, and hence the cause of anxiety, exertion, and, at last, distraction. His present state is a vague, unsteady, wandering eye, seldom fixed for any length of time upon any object; a stupid expression of countenance, in which a melancholic cast is mixed up; a spitting and increased secretion of saliva; a perpetual rolling of the head and tossing of the arms, legs, and the whole body; no memory, no language, no reason. It is said, that an "idiot has all the animal instincts and some of the passions:" but, of the latter, *joy*, *fear* and *anger*, seem those only with which he is affected, and these to a very limited extent. His joy is evinced by a voracious gratification of hunger and thirst—his fear, by quiet, after a threat merely, or strong language—and his anger, by a temporary fit of violence, when he chatters loudly, resists every thing, and attempts to bite any one in his way. Dr. Elliotson attributes the diarrhœa to the large doses of opium, which is by no means a singular circumstance.

## II.

### CASE OF EPILEPSY FROM ONANISM.

WM. BENNION, æt. 20, had been attending as an out-patient under Dr. Roots, and was admitted on the 31st of May, under Dr. Elliotson. Both agreed that he was labouring under epilepsy from onanism, which the lad unhesitatingly confessed to have practised, two or three times a day, till within these few months, when, for the first time, he had connexion with woman. The fits have been constant attendants on him for 18 months, varying in number from 3 to 11 a day. He is pale and emaciated—sensible of a weight in his head—his memory is so inconstant that he can scarce recollect words to express common observations: has been affected with a failure of sight and a ringing in his ears—he is constantly writing, and has a rapid succession of unconnected, mock-poetical ideas, which float before him, more like the fantasies of a wandering and delirious brain, than the steady effusion of a healthy imagination; every other mental function seems influenced by the same debility. Dr. Elliotson considers, that the organ of *ideality* is largely developed, but its exemplification is but strangely shewn in common with the other features of an idiot's character—than which he, at present, can scarcely be deemed much better.

The sulphate of zinc is the only remedy which was adopted at first, under which he evidently improved, having commenced with one grain, which was carefully increased to xvij. This afterwards was withdrawn, and the cupr. ammon. was substituted. The fits now rarely amount to more than three in the day, and are so slight, that he is conscious of what passes during their occurrence, and will run, at the moment of their cessation, to another part of the ward in quest of a glass to see the alterations of his countenance.

## III.

### FEVERS.

Four cases of Inflammatory Fever were admitted under Dr. Elliotson, 12th July, 1827. None of them differing in the essential symptoms, the same active measures were adopted, and, but for a relapse in one, were equally successful. The decisive practice of Dr. E. is well known, but the success of that decision cannot be better shewn than in the following cases.

WM. BURNETT, æt. 29, said that three weeks previous to admission, he was seized, while at work, with a sudden pain in the head, which, accompanied with shivering and vomiting, soon went on to delirium. He was bled and leeched on the temples, and is evidently better; he complains, at present, of tinnitus aurium and great depression of mental and bodily strength—few nights are unattended with wanderings and delirium. His pulse is quick and sharp, his tongue brownish, skin hot, eyes unsteady, and his countenance anxious.

Hyd. submur. gr. v. t. d. Emp. canth. fronti et occipiti.

17*th*. Purged: neither head-ache nor delirium left—mouth sore, and pulse expanded. Omit the calomel—cold ablution.

21*st*. Garg. sodæ chlorat.; the mouth being still very sore.

24*th*. Delirium returned—with aggravation of all the former symptoms. ℞. Vini antim. tart. ℥ss. c. M. potassæ citratis, 6tis horis.

25*th*. Continued delirious at intervals—bowels have been confined, but are now relieved from ol. ricini, ℥j.

27*th*. Still unable to answer with any consistency—flinches on being pressed at the scrobiculis cordis—skin hot—tongue brown, and pulse firm. C. c. temp. ad ℥xij. Emp. canth. scrob. cordis. Hydr. c. cretâ, gr. v. 6tis horis.

2*d Aug*. State of mind wavers much, delirium being only intermitted by such a state of susceptibility that neither light nor sound can be borne—great debility. Hirud. iij. temp. retriq.

4*th*. Pulse weaker, though still hard—coma and delirium increased. Cal. gr. j. c. opio, gr. ¼, o. n. Ext. coloc. c. gr. x. alt. q. aurorâ—Canth. vesicat.

From this report, there was no deviation from a gradual sinking of the vital powers—his water has been drawn off three times a day—his fæces passed involuntarily—he could not express even what he wanted, and his pulse fell until the 7th, when he expired.

John Lowrey, æt. 21, had been ill 10 days, and complained of pain and giddiness of the head, with dimness of sight and distraction from the least sound—he has delirium occasionally—the pupils were dilated—the tongue foul, and white at the centre, and red at the edges—firm pulse—hot skin—no pain at the abdomen—has vomited, and been bled.

Hirud. xij. temporibus—Emp. canth. occipiti—Lot. ammon. acet. capiti. Hyd. submur. gr. v. 6 q. q. horâ.

14*th*. Skin very hot at times: cold ablution when needed—omit the calomel, mouth being sore.

17*th*. Tongue clean—no pain or delirium—three solid stools.

27*th*. Convalescent. Pulv. rhei, c. hyd. gr. xv. cras mane.

James Sheen, æt. 27, was admitted in a high state of delirium. Fever was well marked. His history was obtained from the friends, who stated that he had been ill for a fortnight and two days in the present raging state. There is pain in the epigastrium—pulse quick and hard.

Hirud. viij. temp. et viij. epigastrio. Hyd. submur. gr. v. t. d.

14*th*. Omit the calomel. Hydr. c. cretâ, gr. x. t. d. Cold ablution when hot. Hirud. ut antè.

17*th*. Great relaxation of the bowels. Omit the hyd. c. cretâ.

27*th*. Symptoms perfectly relieved—some debility. Inf. gent. c. t. d.

31*st*. A relapse—some heat of skin and pain in abdomen, with diarrhœa. Mist. pot. citratis, c. Vin. antim. tart. ℥ xv. 6 q. q. horâ; Hydr. c. cretâ, gr. viij. b. d.; Opii, gr. ss. 4 q. q. horâ.

7*th August*. Symptoms again subdued. Sago c. syrup.

Johannah Sheen, æt. 15, complained of pain in her head, with dullness and vertigo. She groans constantly, and flinches when the abdomen is pressed—tongue is dry and brown—pulse 160, small and weak.

Hydr. submur. gr. v. t. d.; Fomentations to hands and feet; Hirud. xij. abdomini.

14*th*. Abrad. capil. et lot. ammon. acet. applied. Omit the calomel.

24*th*. Garg. rosæ.

27*th*. Convalescent—mouth still a little sore. Lot. plumb. subacet. dil. pro garg.

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## IV.

### SLOUGHING PENES.

Wm. Skelton, æt. 21, was admitted 31st May, under Mr. Green, with a sloughing penis. He tells us that, three weeks ago, he first observed a discharge from under the prepuce, unattended with ardor urinæ, or any inconvenience beyond a little hardness and tenderness about the corona glandis. Cold water was his only remedy, and, about a fortnight afterwards, the prepuce began to swell and become very painful. No advice being obtained, the redness was soon converted into a black colour, which has but little altered up to the present hour. There is now very great tumefaction of the whole penis, with redness, heat, and pain; the prepuce projects over the glans, and by its swelling retains the water on his attempt to pass it. On the right side and upper part, there is a black slough, larger than

a crown-piece, somewhat circumscribed, and indeed separated in one direction, but in another there appears a disposition to spread; the dark colour of the slough, and the redness of the surrounding inflammation, being intermixed.

Pulse quick, and somewhat hard—skin moderately cool—little thirst, and bowels regular. From his account, excitement has run much higher, especially before the slough was circumscribed. He was at the time compelled to keep his bed. M. s. c. statim. F. D.

*June 2d.* Has rested well each night, and is in but little pain—pulse lowered, and scarce any disturbance is observable—the slough is separating, and that appearance of spreading is now changed into a distinct limit.

*6th.* The slough came away on the 4th, and the wound is granulating. There is but a small lump of the prepuce left, which, from being thickened, must be very inconvenient—it was consequently removed. He was presented well.

JOHN VOKES, æt. 32, was admitted, 31st May, under Mr. Green, with an immense destruction of his penis. The appearance is as if a section of the penis had been made, by which the glands and half the body had been lost. The surface is covered with a foul offensive discharge, interspersed with small spots of coagulated blood—the edges are irregular and scolloped. He states, that eight months ago he was affected with gonorrhœa, which was allowed to run its course without medicine. About two months afterwards he found his prepuce swelling, which, from his continuing his work, increased, gave pain, and excited some fear of its danger. Medical aid was obtained, but, from neglect afterwards, the part went on gradually to slough, each morning shewing a fresh loss of substance.

The pulse is weak and quick—he has the appearance of having lost much flesh, and is at present in a state of great debility, and unfit for work—his bowels are confined—skin moist, and violent perspiration is excited upon the slightest exertion.

Pulv. rhei, c. hyd. gr. xij. statim. Pulv. ipecac. c. gr. v. 6taq. q. h. Cat. lini. F. D.

*6th June.* Pulse weak—appetite good—rests well, and bowels regular. Porter ℔j. quot.

*13th.* Wound clearing from sloughs—still weak. Ext. sarsæ, ʒss. Ex. decoct. ejusd. ʒiv. ter die.; Acid. nit. lot.

*16th.* Very much improved—he wished to go out, promising to return, if that improvement did not continue.

The former case, from its immense destruction, shews the necessity of speedy and active measures, in the onset of certain forms of slough; for, notwithstanding the great loss, (which thus might have been prevented,) and constitutional excitement, which gave rise to it, little or no *debility* seemed to exist; while in the latter case, *debility* had been the source of extension to the disease, wherein a supporting plan was serviceable. The contrast between the constitutional powers during the existence of destructive inflammation, is all I wish to preserve; for those conditions, in the present cases, are inferred from the local appearances alone, which, from analogy with other cases, are perfectly adequate to be our guide in treatment, and, indeed, almost without regard to any other symptoms. In one, there was a slow disorganization and absorption of the part, without apparent power either to resist that destruction, or restore its loss; but, in the other, the only source of extension seemed an *excess* of power, as indicated by the active inflammation surrounding the part, and the slough being in one mass, and yet to be thrown off. These form interesting varieties in our foul wards.

The following are likewise cases from our foul wards, and such as Mr. Green is constantly pointing out to us as *incurable*, except by mercury. It will be seen that they are secondary symptoms, *i. e.* following chancre; and it will be seen, also, that those symptoms have been temporarily cured once, at least. It is true, there is no evidence that the present plan will be more successful, but I have selected these as analogous cases to those which Mr. G. assures us *have returned repeatedly until they have undergone a course of mercury, but not afterwards.* I cannot think any one will project the mistaken idea, that the uncertainty of their return renders proof impossible; for, while "*I do not distinctly speak of proof,*" there ought to be some instance, in the course of practice, in which mercury, given with satisfaction to the *surgeon*, had not per-

manently cured; especially when we consider that patients return with a repetition of their symptoms, *until* mercury has been properly exhibited—of which the following cases are not uncommon examples.

Mary Wilson, æt. —, was admitted under Mr. Green, 12th July, with a foul ulcer, involving the tonsil, arch of the fauces, and uvula.

Her history is, that nine months ago she had a sore upon the labium of a suspicious origin, which healed without the use of mercury, but that, shortly afterwards, a sore throat appeared, for which she gained admission into this hospital, took mercury, and went out cured; but it has again made its appearance. Now, upon speaking to Mr. Green, we learn, that the sore throat became speedily well under mercury, and that she left the hospital without that remedy being carried to its proper length. On this account the same plan has been adopted again; but the sore throat has again got well, and she, in like manner, has again left the hospital. Now, although such ingratitude and irregular conduct should prohibit any farther benefit from being held out to her, yet Mr. G. to establish his opinion, which may be useful to many others, has desired, upon her return, which he deems almost certain, that she may be re-admitted.

James Godfrey, æt. 26, was admitted 31st May, 1827, under Mr. Green, with several crusted eruptions upon his body, which are dark, elevated, and, for the most part, circular. On the head there is a deep ulcer, exposing the pericranium: its edges are rounded and callous—its surface flat and pale. This, he tells us, first shewed itself in a crust, which scaled off, and left a sore—it became gradually deeper, until it arrived at the present state.

Nine months ago, he states, he had a chancre, for which he took mercury, but to what extent is by no means clear—certainly not sufficiently long. The sore healed, and shortly afterwards he was attacked with sore throat and blotches, for which he gained admission at this hospital; and, being in a bad state of health, was treated with sarsaparilla and Plummer's pill. He was presented well, but soon returned under another surgeon, when nearly the same treatment was adopted, oxymuriate of mercury being substituted for the comp. calomel pill. These statements are corroborated by the books.

He is now in a good state of health, with good appetite, undisturbed rest, strong pulse, and regular bowels; he, therefore, is ordered to rub in a drachm of the strong mercurial ointment every other night—the black wash to be applied to the sore.

25*th July*. He was presented after getting rid of the mercurial taint, which had thoroughly affected the constitution for nearly eight weeks—not being allowed at any time to do more than render his gums tender.

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## V.

### EXTIRPATION OF AN INCIPIENT "FUNGOID TUMOUR."

William Stansom, æt. 61, was admitted, under Mr. Green, 23d June, 1827, with a large oval swelling above the pubes; its size is that of a large melon; it is moveable, hardish, ulcerated on its surface, and tuberculated—pressure produces pain down to the testicles, and up to the loins—any strain, as also coughing, gives uneasiness in the part. He remembers it with the earliest period of his life, and was taught to believe it to be congenital. It was no larger than a pigeon's egg, and remained so until a year and a half ago; when, from no known cause, (his health being good,) it increased with some degree of pain. Nothing was done for it until ten months ago, when its growth was very rapid, and its surface began to ulcerate—it constantly bleeds, but to no great extent; a sort of water mixed with blood, as he terms it, issues from it. His health is good, and he complains of nothing; but is willing to have it removed.

On the 29*th* he was conveyed into the operating theatre, and Mr. Green, after examining the tumour, determined on leaving a granulating surface, since the integuments were in part ulcerated. He began, therefore, with a circular incision round the base of the tumour, and, in dissecting it out, found it to be perfectly anterior to the muscles, but very deep, from the obesity of the patient. The

looseness of the integuments allowed of their being approximated, and the edges were retained together by two sutures—adhesive straps being applied afterwards. Nothing particular presented itself during the operation. The patient was carried to bed, and on the 5th day the wound was dressed, nothing untoward occurring in the interval. The edges of the wound had adhered for some distance on each side; but there appeared some little redness about the sutures, which were consequently withdrawn. Nothing interrupted the gradual formation of firm and healthy granulations, and he left the hospital on the 23d August, with a very small wound.

This illustrates, if any single case can, the importance of removing extraordinary growths, even though they shall not have attained a formidable character; for, here, though indolent at first, it began suddenly and rapidly to assume malignancy. True fungus hematodes is usually met with in persons, where a general disorder of the system is indicated by a peculiar unhealthy aspect—a relaxed fibre—a sallowness of the skin, which is often covered with clammy sweats—a constant troublesome cough, and general debility. But it is clear that the present case was not precisely of that character, although the fungoid and tuberculated appearances indicated a state, which could no longer exist with impunity. The robust constitution, the general good health, and especially the absence of symptoms in other parts of the body, by which a similar disease might be feared, go rather to disprove a predisposition to fungoid disease; and, if so, they go likewise to determine the nature of the present state, *viz.* a *local* disease, produced by long and continued *local* irritation. It is this tumour which requires extirpation; or, delay may occasion a degeneration of it into something very formidable. A case of glandular swelling of the neck, which occurred in the hospital, (I regret to say, too far back to allow of more than an allusion to it amongst these reports,) illustrates this; for there, delay was occasioned to the operation by endeavours to remove it by the local application of iodine. The constitution became gradually but irremediably affected, while the tumour, in a few weeks, assumed an enormous size, with all, or nearly all, the characters of the present case; and, had the health permitted even, the operation must now have been deemed out of the question—so rapidly had these changes manifested themselves.

A fear, however, seems now pretty generally excited against the harbouring of incipient disease—thus, I have seen a similar state removed from the side, before the constitution has become impaired, in Winchester Hospital, by Mr. H. Lyford; so, again, Mr. W. J. Wickham, his colleague, removed a conical crust from the lip of a girl, under the apprehension that such might prove the source of future disease. Cancers, however, are even attributed to some such irritation. A malignant disease, in general, may date its origin in the same way.

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## VI.

### FUNGOID HIP.

THEOPHILUS WEDGE, æt. 44, was admitted under Dr. Elliotson, 31st May, with excessive pain in the left hip, shooting down to the knee—there is an increased rotundity of the buttock—walking, or any motion by which the glutæi are put upon the stretch, gives excessive pain—he has been uneasy in the part for eight months, but the hip-joint has begun to swell about six weeks only. An antiphlogistic treatment was adopted, under the supposition that some deep-seated inflammation existed, until an elastic sensation was communicated to the finger on pressure, and there was a tuberculated appearance about the crista ilii, while the rotundity of the joint was immensely increased. Mr. Green was requested to see him, the 18th July, who agreed as to the nature of the disease—he passed a lancet into one of these elastic tubercles, (convinced of its nature previously,) when a little watery fluid, tinged with blood, escaped, but not sufficient to diminish its prominence or elasticity. The case has now become more striking and of deeper interest than the former symptoms had led to; for, with the increased rotundity of the glutæi muscles, the bent position of the thigh upon the abdomen, is the easiest; and, indeed, extension now gives very great pain. This is inexplicable; but, upon reference to a case exactly similar, the post-mortem examination of which evinced a most beautiful specimen of fungous ex-

ostosis, growing from both sides of the ilium, that from the venter projected considerably into the pelvis, and, no doubt, must so have displaced its contents, as to require all the room that the relaxed muscles could afford; for here, too, the thigh was bent upon the abdomen, and at last so rigidly, that no force could displace it after death, although the joint was not diseased. The appearance of the patient, though of a robust make, is altogether unhealthy—he has a pallid face, with a yellow conjunctiva—his cheeks are thin, and his countenance anxious—he complains of weakness, want of appetite, disturbed rest, and costive bowels—the remnants of issues are upon the buttocks; in consequence of which, a poultice has been deemed the best application.

Pulv. opii, gr. j. o. n.—ol. ricini, p. r. n.

*August 15th.* The tubercle which was opened has thrown up some large fungous granulations, which have bled freely at different times—the sores from the issues are but little inclined to heal—he has derived rest from the opium.

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Catherine Hayes, æt. 32, was admitted, under Mr. Green, 17th July, after having pushed her hand through a pane of glass in a drunken fit, and cut her arm about three inches above the wrist. She was in a state of syncope, as was said, from loss of blood. No pulsation was felt at the radial artery below the wound, and its division was, therefore, suspected. A tourniquet was placed upon the brachial, and she was conveyed to bed. The wound was cleaned with warm water, and as soon as re-action had come on, the tourniquet was loosened, and the artery found to be divided; the dresser then secured it above and below, and brought the edges together by adhesive straps. On the 8th day, both ligatures came away, up to which time, no untoward symptoms manifested themselves; some slight febrile attack existing for a few days only, in consequence of surcharged mammæ, which a child of eight months had been sucking at, but had discontinued to do so since her admission. Some opening medicine was given her, and her breasts were drawn, under which she got quite well. From this time, the wound gradually healed, and the hand recovered its use and sensation.

## VII.

### DISLOCATION OF THE RADIUS FORWARDS.

B. A. about 40 years of age, presented himself at the hospital, 3d June, with, as he termed it, a stiffened arm. On taking off his coat and shirt, it needed scarce a moment's inspection, even for many who had never seen a similar case, to be well satisfied of the nature of the accident—so well marked were the symptoms of the head of the radius being thrown into the cavity above the internal condyle, and resting upon the coronoid process of the ulna. The fore-arm was bent at right angles with the upper, and the hand mid-way between pronation and supination. There is a marked depression anterior to the external condyle, where the head of the radius should be, and a prominent rise upon the ulna. On endeavouring to flex the arm, the radius is distinctly felt to strike against the humerus—I say *felt*, because a dislocation of the radius and ulna backwards will give the same sensation by the condyles of the humerus striking against the bones of the fore-arm, and can be mistaken, for I have seen it so, provided the thumb be not placed upon the head of the bone during the flexion. The rotation of the radius is very limited, and the position of the hand is fixed.

Mr. Green desired his dresser to grasp firmly the upper-arm from behind, just above the condyles, while he made extension at the wrist, with slight rotation outwards, so as to supinate the hand—in about 4½ minutes the radius appeared to yield, and was felt to have regained its proper situation. Equally powerful, and more continued extension had been made by the hand, so as to depress and act alone upon the radius—but ineffectually.

The man refused to come into the hospital, and to submit to have his arm confined; but said, it was an accident he was accustomed to, and had never been confined for its cure. He left us, and never re-appeared.

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A lad, by name Jesse Jessiah, was admitted, under Mr. Travers, with an injury to his left elbow, and stated, that three weeks ago he dislocated his arm; that a medical man saw him, and told him the nature of his accident; and, after making some forcible extension, charged him a guinea for its reduction—splints

have been upon it ever since. Upon examination there is found to be great swelling; the fore-arm bent at a very obtuse angle; and neither rotation nor flexion can be effected to any useful extent. By observing the axis of the humerus, the condyles are evidently thrown anterior to their proper place; while from that of the fore-arm, the head of the ulna certainly, if not of the radius also, is thrown backwards. On endeavouring to flex the arm, the condyles of the humerus clearly strike against the fore-arm—there is a depression behind and above the olecranon. Messrs. Travers and Green made their examination, and agreed that there was too much obscurity from swelling precisely to determine the nature of the injury—it was clear that reduction was impossible at this state, which was hourly going on to rivet the bones to their new situations. Mr. Green thought there was a fracture of the coronoid process; so that the original appearance of displacement would return on withdrawing the extension—and thus the present state will be no extraordinary circumstance, even though a supposed reduction should have been effected. Leeches were applied and poultices, until all inflammation had subsided, and afterwards passive motion, for the purpose of making as useful a joint as the present circumstances would permit.

Two dislocations of the head of the os humeri into the axilla came into the hospital on the 2d August, within an hour of one another. They were both well marked, the head being felt in the axilla, the elbow thrown out from the side, and the deltoid muscle being flattened. Both were easily reduced in the ordinary way—one remained in the hospital for a week, but the other refused to come in at all.

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## VIII.

### A PROTRUSION OF THE FUNDUS OF THE BLADDER WITH THE UTERUS, EXTERNAL TO THE VAGINAL ORIFICE.

CHARLOTTE HAWKINS, æt. 56, has been in the hospital several months, under Dr. Scott, but has lately complained of incontinence of urine, with very great pain in the region of the bladder. She states that, in her last confinement, she was torn, and a prolapsus uteri has inconvenienced her ever since. On examination, a laceration of the perineum extends nearly to the sphincter ani—the uterus is prolapsed, its mouth and neck being external to the labia—the fundus of the bladder seems pushed down in front, and, on endeavouring to pass the finger between them, is found connected firmly with it, so that the former never descends without the other. The repeated attempts to pare the edges of a lacerated perineum, without success, almost prohibited even its suggestion in this case. Dr. Locock thought a pessora of oak-barks bruized and enclosed in a muslin bag, would, perhaps, answer the purpose of supporting the part, and giving strength by its astringency. Very great difficulty was experienced in passing it, the vaginal membrane being much irritated, and a perfect state of misery was occasioned by its presence when introduced; for the discharge getting amongst the bark, softening it, and gaining from it a dirty colour, and an offensive smell, all contributed to excite disgust, no less than a great inconvenience to the patient. Pessories of different shapes had been tried, and all had been attended with some disadvantage. A cylindrical pessory at last was proposed by Mr. Green: it is an oblong and hollow piece of wood, with a stem attached to it, at the end of which is a ball and socket joint, to which tapes are fixed, to prevent its descent, in whatever position the body may be. This was found, after the stem was removed, to answer every purpose; not producing, as both the round or flat ones did, unequal pressure, and consequently pain and inflammation; but, being adapted to the vagina, threw the weight of the parts sustained upon a larger surface. An injection is constantly used, in order to check the discharge, no less than to correct the foul state induced by its accumulation.

SUSANNAH COOMBS, æt. 44, was admitted, under Mr. Green, 21st June, and, while in the hospital, directed our attention to a fluctuating tumour, a little larger than a walnut, on the left side of the neck. A small black spot was seen about its centre, of the size of a large pin's head—the end of a probe can be passed into it, after which a small quantity of watery fluid issues from it by pressure. There are two ulcerated spots on her shoulder, which,

she informs us, were preceded by a similar tumour, which inflamed, mortified, and left the present state of parts. Her health is considerably disordered, as the sores would indicate, and the chief attention is directed to that circumstance.

My object in relating this case is, that it is an instance of an encysted tumour arising from a *sebaceous follicle*, with the circumstances which suggested the idea self-evident: for the opening on its top, which is not the product of ulceration, can communicate with the cyst in no other manner than by the neck of that follicle whose bulbous extremity is expanded to form the cyst. Some time afterwards, the tumour became inflamed, and Mr. Green, on the 12th July, said that, contrary to surgical principles, he would make an opening, for he felt convinced that a process of sloughing would take place which would be extremely painful and tedious, and the incision, at the farthest, could but hasten it. After the introduction of the lancet, such an inspissated state of the contents existed, that it was necessary to evacuate it with a probe, when the nature of the tumour could be determined by the smell alone, *viz.* the most offensive of any secretion in the body.

The part ulcerated, and she gradually got well.

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## IX.

### A FATAL CASE OF WOUNDED LARYNX.

Thos. Wyat, æt. 36, was admitted under Mr. Green, on the evening of 14th July, with a cut throat. He appeared in a state of exhaustion, or rather of suffocation, breathing with great difficulty, and having a weak, irregular pulse, cold skin, livid lip, and glassy eye. The dresser removed the dressings from the wound, which, notwithstanding the larynx was completely divided, was entirely closed. This gave exit to a large quantity of mucus, and was followed by a speedy relief to all the above symptoms: the wound was extremely irregular. Those who brought him assured us that a very large quantity of blood was lost; yet no vessel appeared wounded. Mr. Green was sent for, and, on his arrival, desired the wound might remain open, and the dresser to stay with him the whole night, when, if unfavourable symptoms were developed, he was to be sent for again. Mucus continued to rush from the wound, obstructing the ingress of air, until 4 o'clock, when the man breathed without difficulty and slept.

On the noon of the following day, some degree of febrile action was excited, and he complained of pain in the chest, which was covered for some distance with an erysipelatous blush—he is distressed by occasional fits of coughing. An injection of jelly, strong beef-tea, and 40 drops of laudanum, was ordered.

17*th*. Nothing has interrupted the symptoms of the last report, either for the better or worse. Being incapable of utterance, he has expressed himself in writing to have been desperate in the attempt at *suicide*, but that it was his intention to submit to any restraint placed upon him for his benefit. Mr. Green fed him with the stomach syringe, and desired it to be repeated twice a day. The food was the same as the injection.

20*th*. Mr. Green ordered a third meal a day, of biscuit powder, milk, and brandy, finding a decided sinking of the pulse —indeed, he expressed himself astonished that no alteration had taken place before. The wound gapes at least an inch and a half, and rather than being inclined to heal, appears rounded off at the edges and foul, as if partly by an ulcerative, and partly by a putrefactive process—the pain and tightness of chest are gone, but he gets no rest. From this time his strength gradually sank, without any alteration of symptoms, until the 21st, when he died.

On examining the wound, the arytenoid cartilages were found to be jagged and divided; the thyroid separated both from them and the trachea; there appeared no wound in the œsophagus, as was supposed from a fit of coughing during the attempt to feed him without the syringe. No artery or vein was wounded.

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## X.

### SPASMODIC CONTRACTION OF THE THUMB.

Sarah Fotzer, æt. 17, appeared at the surgery with a contracted thumb. She stated that, an hour previously, she had struck her thumb suddenly with a patten, which was followed by immediate pain

and contraction of the thumb. It is bent inwards upon the palm of the hand; extension of it can be made, but gives pain in the part and up the fore-arm. Hirud. vj.; Lot. sp. vin.

6*th June*. She was admitted with an increase of pain up the fore-arm and the same state of the thumb. Pulv. hyd. c. scam. gr. xij.; Hirud. xij.

8*th*. Less pain, but contraction of thumb still rigid. Hirud. viij.; Cat. micæ, panis.

13*th*. Presented well.

Mr. Tyrrell has met with several cases of the same nature, when any sudden force has been partially applied. Thus, by pulling a silk handkerchief quickly through the hand, or by hitching the thumb in the key of a door while turning it suddenly, the same spasmodic contraction has occurred. His practice is to overcome the action and keep the thumb straight upon a splint, while he applies a blister to the fore-arm, which is generally successful alone.

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## XI.

### FEMORAL HERNIÆ IN THE MALE SUBJECT.

THOS. STEERS, æt. 54, a labourer, was admitted, 12th July, under Mr. Green, with a small, circumscribed, and slightly elastic swelling in the right groin; no impulse was given to it by coughing, but it lay as if folded over the falciform process of the fascia lata, to its upper and outer side. His history is clearly, that, three weeks ago, during an attack of vomiting which ushered in a typhoid fever, he felt a sudden pain in his groin, as if something had given way; this excited his alarm for a little while, but soon was forgotten, either giving no longer pain, or vanishing altogether: yesterday, however, a renewal of the vomiting, which lasted until this morning at 12, brought the swelling into notice again, by an excessive pain. His medical attendant had tried the taxis, and bled him to syncope, but without effect. About two hours after admission he was placed in a warm bath, and the taxis again was fairly applied, his pulse not yet having perfectly rallied from the effect of the venesection. Mr. Green was now sent for, and arrived at half-past six. After obtaining the above history from the patient, and the treatment adopted by the dresser, he proceeded to examine the patient, and found that the belly was somewhat tender on pressure, and that the tumour was irreducible; and, notwithstanding the elasticity in the tumour, the compressible pulse, the absence of vomiting, or any anxiety of the countenance, he immediately proposed the operation, which was consented to.

The operation was commenced by an incision through the integuments drawn across the tumour parallel to Poupart's ligament, and by another meeting its middle at right angles. The flaps thus produced, being reflected, the cellular and fascial coverings were carefully divided, which exposed an unusual layer of fat surrounding the sac, on opening which a small quantity of serum escaped, and the intestine appeared greatly discoloured. The bistoury was then introduced upon the director, and the stricture, which was found to be Poupart's ligament, was divided, when a very large quantity more of serum escaped from the cavity of the abdomen. The intestine was returned, and the edges of the wound brought together by a suture and dressed with adhesive strap—two small bleeding vessels were secured during the early part of the operation. On his being replaced in his bed, we found him relieved, his pulse larger and more expanded, and pressure, even, gave no pain. Mr. G. left directions that, should the pain continue, fomentations were to be applied, or even leeches, according to the judgment of the dresser; but, if the pulse indicated it, venesection was to be had recourse to.

13*th*. No pain left—pulse soft and expanded—has had no relief in his bowels. ℞. Magn. sulph. ʒij. ex m. m. omni horâ ad sedes.

14*th*. Towards the evening, his bowels were relieved—in every respect, he is doing well.

On the 15*th*, the wound was dressed, and found to be adhering in part, and the rest granulating well.

On the 17*th*, he was allowed the house diet, no symptom having appeared by which meat is counter-indicated.

From this period, he got progressively well, no alteration either in symptoms or treatment having occurred. Now, the alertness of Mr. Green will serve as an

example of its importance in all cases; no less than an opportunity for specifying his reasons for adopting it. Let me first ask, what is gained by delay in these cases? Did we know the changes which are going on within the sac, so as to calculate on them with certainty, we might, perhaps, be borne out in waiting the result of other means for its reduction: for, although a spontaneous reduction has often occurred after all artificial means have failed, and, as in the present case, the inflammatory action will subside upon withdrawing the cause, yet, from the recollection that the symptoms of inflammation are sometimes extremely insidious, that the most powerful remedies have been applied without effect, and that the operation is neither a painful nor a dangerous one, we may safely conclude, that its proposition ought speedily to be made. The present case will shew how fair this view of the subject is, for effusion had taken place to a considerable amount, as the most probable effect of inflammation, although the existence of symptoms, beyond a slight pain on pressure, could not even induce its suspicion, and the protruded intestine was discoloured far beyond the expectation of Mr. Green and those around him. If irreducible, then, by the powerful remedies of bleeding and the warm-bath, carried to a proper length, Mr. Green considers a hernia but aggravated by subordinate measures; and, indeed, we cannot know when we are safe, except by such a rule.

Edward Tapner, æt. 47, was admitted 29th July, under Mr. Travers, with a painful swelling in the right groin about the size of a large walnut. It lies below Poupart's ligament, upon the fascia lata, and receives some impulse upon coughing, at its lower and inner part—it is circumscribed, and rather tense. The patient states that it appeared suddenly upon a fit of coughing, about 20 hours previous to admission, and has continued to give pain ever since. There is pain in the abdomen, aggravated by pressure, an anxious countenance, occasional vomiting, and a small, quick pulse.

On his admission, he was placed by the dresser in the warm-bath, and the taxis was applied, without effect, the tumour not yielding in the least. At 9 o'clock, Mr. Tyrrell arrived, and, in the absence of Mr. Travers, determined on operating immediately, as the only chance of relief to the patient. Consent was gained, and the operation was conducted in the ordinary way, no variety or difficulty presenting itself.

On being put to bed, Magn. sulph. ʒij. T. opii, ℥ vj. ex Aq. menth. pip. were given, and desired to be repeated every two hours: but the bowels became very much relaxed, and the dresser gave 40 minims of laudanum; this had the effect of lessening their action. We afterwards learnt, however, that a diarrhœa had existed on him previous to the descent of the intestine.

The wound has healed without interruption, those symptoms having yielded immediately after the operation which had been urgent or indicative of inflammation. A diarrhœa has constantly been upon him, and some attention has been requisite to his general state of health, since he coughs, with a pain in his chest, and has done so for nearly two years.

The difference in the after-treatment of these two surgeons is remarkable. It is a practice with Mr. Tyrrell to stimulate the intestines by purgative medicines, immediately after the stricture is divided, although the intestine is inflamed—indeed, it is Sir A. Cooper's plan of treatment to carry this to a surprising length, and many reasons are said to support it; but Mr. Green endeavours only to soothe the part until inflammation has subsided, and, even then, is reluctant to give purgative medicine, unless the bowels have not been relieved; for if inflammation exists, he considers stimuli but calculated to increase it. Reasoning, however, will hardly decide the question when practice has proved the success of both parties. A preference can only be given after an accurate comparison of the two, which I am incapable of establishing in the present reports.

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James Scisson, æt. 34, was admitted, 31st May, 1827, under Mr. Green, with a wound in his leg. He informs us that, 14 years ago, when a soldier in Spain, he received a musket ball in his leg—he did not perceive any pain for many minutes, but was afterwards disabled from using the limb. Hard labour has been much interrupted, and almost entirely prevented ever since. For the two first months

bone was continually coming away, amounting to a dozen pieces, at least.

There is a sore at about the lower third, with irregular edges, exposing a metallic body, nearly an inch deep—there is a constant discharge, and great swelling above and below the sore, which neither pits on pressure, nor is painful. Ordered, cat. lini, and rest.

15*th June*. The swelling has subsided in great measure, and was considered by Mr. Green in a fit state for the extraction of the foreign body. Mr. G. commenced, by making a crucial incision over the wound, and reflected back the four flaps, so as to expose the whole of the body; it appeared imbedded in a cartilaginous substance which was connected with the bone. Sufficient of the ball being exposed to afford a firm purchase, Mr. Green grasped it with a stout pair of rough forceps, and, with a long, firm, and steady effort, succeeded in dislodging it. On examination, it was found to be very irregular, its rounded form being by no means preserved. The wound was lined, as it were, with cartilage, and bled pretty freely. A dossil of lint was laid upon the wound, and the patient conveyed to bed.

Bleeding continued for some short time, and the leg, above and below the wound, became extremely painful: this, however, in a few days, subsided, and a slough came away of those integuments which were divided. The wound granulated, and the limb became stronger, when gentle motion was first permitted, and afterwards the full use of the leg.

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## XII.

### A FATAL CASE OF BRONCHITIS TREATED WITH TARTARIZED ANTIMONY.

T. CARLTON, æt. 40, a sailor, was admitted under Dr. Elliotson, 12th July, 1827. He states that, six weeks ago, he was thrown overboard, and nearly drowned, since which his present complaint has more or less troubled him. He has been constantly exposed to wet, to which he attributed the continuance of the symptoms, if not the prevention of their cure. His breathing is quick and labouring, accompanied by the mucous guggle—he complains of no pain, but a tightness and sense of suffocation—his cough is a croaking, metallic sound, attended with occasional difficult expiration—his lips are livid, skin cold, tongue brown and moist, bowels costive, pulse quick and small. Ordered, V.S. ad ℥xvj. Liq. antim. tart. ℥ss. 2dâ quâq. horâ.

13*th*. He was relieved by the bleeding, and vomited the antimony three times only. Symptoms but little altered.

14*th*. 4 P.M. Complains of intense pain round the right side—his breathing is very difficult—his feelings he described to be of suffocation, and his appearance is the same,—a cold and cadaverous skin—an almost vacant stare—aggravation of the mucous guggle—slow and feeble pulse—he complains of lightness in the head, a singing in his ears, and dimness of vision. Mr. Whitfield saw him, and ordered V.S. ad ℥xiv. and a blister to the side. He was speedily relieved, as soon as a few ounces of blood were drawn—he coughed up some frothy mucus, which rendered his breathing much easier—the surface of the body became warmer, and the pulse expanded.

11 P.M. The symptoms returned. C. c. ad ℥xiv. which relieved him. Continue the antimony.

15*th*. Improved in every respect, though the symptoms are far from being subdued. The antimony has not been rejected since the first day. V.S. ad ℥xx. Vini ant. tart. ℥vj. 2dâ q. h. Ung. ant. tart. pectori infricand.

19*th*. But little alteration. M. s. c. statim; increase the antimony to a fluid ounce.

21*st*. He is now decidedly worse. There is excessive pain, which he describes as diffused and deep-seated—the cough is deep, hollow, and leaves a grating and tearing sensation—pulse quick and small—skin dry. Hydr. submur. gr. v. 6tâ q. h. Omit the antimony.

24*th*. Symptoms much lessened—mouth sore. C. c. parti solent. ad ℥xvj. Hyd. submur. b. d. only.

27*th*. Complains again of increased pain, while there is great difficulty of breathing, and scarce power to articulate. Vini ant. tart. ℥ss. M. s. ℥j. Tinct. digitalis, ℥ xx. 8is horis.

30*th*. Relieved in some measure, but, from inability to expectorate, the mucous guggle is very great—he lies upon his

back, scarce observing surrounding objects, and a cold sweat is upon his skin. Emp. canth. larg. pectori.

He died on the 5th of August, without any material alteration of symptoms. Unfortunately, no effort was sufficient to prevail upon the friends to permit an examination of the body in this interesting case.

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John Chittenden, æt. 20, was admitted, 21st July, under Dr. Elliotson, with pain, and increased rotundity of the left hip. On examination, the inflammation was clearly external to the joint. Pulse 100, and firm—skin hot and dry—thirst—bowels confined. C. c. coxæ sinist. ad ʒxx. Lot. ammon. acet. Liq. antim. tart. ʒij. 2dâ q. h.

24*th*. Has borne the antimony without even nausea, after the first dose, which he rejected. Emp. lyttæ; Liq. antim. tart. ʒiij. 2dâ q. h.

He rejected the antimony on the following day, and it was withdrawn for 24 hours. It was afterwards given again, and retained upon the stomach for several days, when matter was supposed to be formed, and the patient was seen by the surgeon. The antimony was withdrawn, and the case became of no farther interest to require its detail in these reports.

In the former case, it is clear that the large doses of antimony were borne with perfect impunity, after a while, but they had no control over the complaint. 'Tis true that the symptoms were mitigated at first, but repeated blood-letting was exercised at the same time, and I think may fairly be deemed the more efficient remedy of the two; for the benefit received immediately from one bleeding, was not at all assisted until it was repeated; and, indeed, we may as fairly conclude that, if the antimony had not been given, but some more powerful remedy, as afterwards was had recourse to, such delay, and even the life of the patient, might have been spared. Now Dr. Elliotson is endeavouring to learn, whether inflammations of the chest alone are conditions repugnant to the violent impressions of antimony, as asserted by Continental writers, who would use drachms for our grains; or whether the same state of any other part of the body is not equally opposed to its effects; or even whether antimony, in large and continued doses, is not, as many medicines are, almost inert, when the system is totally undisturbed by disease: and, as a first step to this, Dr. E. has given it in an inflammatory disease of the hip, where, likewise, it was borne, without inconvenience, for some considerable time. This idea, however, has already been suggested to the public; and M. Velpeau has gone some way to decide the question, a short account of which appeared in the Med. and Phys. Journal. He relates several cases of rheumatism, where a trial was given to this remedy in doses of from 20 to 30 grains, and his opinion of its effect, after witnessing 30 cases of its use, is, "that, in some, it produced not the least amelioration." But in a female, where bleeding and leeching had been used without benefit, 12 grains of the tartar emetic, dissolved in orange-flower water, and given in the 24 hours, such relief followed, as not to require its repetition. Now the condition produced by the antimony is not mentioned; for we must all have seen larger doses even than these given, to produce nausea—a favourable state for the cure of almost any inflammation.

Hence, we have reason to conclude, that inflammation of the chest is *not* the only condition of the body repugnant to the effects of antimony; while it remains to be proved, whether the body, in its natural state, can endure it without inconvenience, and whether its asserted deleterious effects are suppositions merely, or the result of experience and observation.

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## XIII.

### LITHOTOMY.

Edward Rowe, æt. 24, a spare young man, with blanched skin, which he attributes to his late debauched habits, was admitted under Mr. Green, 9th August, with stone in his bladder. He had been aware of its presence two years, and Mr. G. had sounded him previous to his admission. Some opening medicine was given him; and, on the following day, the sound was introduced, and readily heard to strike against some hard body. The operation was performed in the ordinary way, and the gorget used. No

bleeding took place, and some little delay was occasioned in the extraction of the calculus, which was small and smooth. The patient was conveyed to his bed, not much affected by the operation.

On the same evening, fainting, cold skin, and small pulse, came on, which lasted for many hours, and was attributable to small, but constant oozing of blood from the wound, but which, from the quantity, was not observed; the cause, however, was afterwards discovered, and he soon rallied. Nothing untoward happened after this, and he got gradually well.

The success of lithotomists is but an empty and unmeaning echo, when in computation against the method of operating, which, in my belief, is the easiest part. Health, age, and constitution, (and thus fortune, of course,) are the real difficulties to be encountered: but, amongst the opponents to the gorget, this case stands as one from the universally successful attempts of Mr. Green, who invariably uses that instrument. If danger could arise from it, some post-mortem examination should determine it, and prove beyond a doubt, what prejudice has alone suggested; but this, in careful hands, is impossible.

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## XIV.

### A WOUND OF THE BRACHIAL VEIN, GIVING RISE TO SYMPTOMS AND SUSPICION OF SPURIOUS ANEURISM.

WILLIAM PAINTER, æt. 35, was admitted, 28th June, under Mr. Tyrrell, with great swelling of the left fore and upper arm. At the inner and upper third of the humerus, there is an incised wound, about half an inch long: for some distance round the wound, there is an indistinct pulsatory motion, synchronous with that of the heart—the integuments are much hardened—the fore-arm and hand are much swollen, but cold, the radial artery being scarcely to be felt—pain is excessive. Hirud xxx. Cal. gr. j. Opii, gr. ij. nocte sumend. Fot. papav.

The history of this case was, that, a month ago, his wife stabbed him, in a drunken scuffle, with a common case-knife; the part swelled immediately, but gave no pain. Little notice was taken of it until the following morning, when it became very painful, and bled profusely. Some adhesive plaster was placed upon the wound by a neighbouring surgeon, which restrained it, and fomentations gave relief: he used his arm as usual three days, but was then prevented, by excessive pain and swelling in it, which, he says, increased, occasionally bleeding, until the arm arrived at the present state, which is nearly three times the ordinary thickness. He has used purgative medicine occasionally, but had applied no leeches to the part. He has lost flesh considerably, being of robust make.

29*th*. Mr. T. was induced to call this a *spurious aneurism, following a wound of the brachial artery*, and, from the state of the limb, amputation seemed to him the only feasible operation; but even this must be deferred. Hirud. xxx. T. opii, gtt, xxx. stat. m. s.c. p.r. n. Cat. lini.

30*th*. Two very large vesicles, and several smaller ones, appear on the fore-arm and hand—sensation in the neighbourhood is very indistinct. Hirud. xx.

2*d July*. Mr. T. fancied he saw an evident thinning of the integuments round the wound, and, consequently, deemed the immediate operation the only treatment left. The consent of the patient, and approbation of his colleagues, being gained, he was conveyed into the theatre. The method of operating became then the question, for there were scarcely four inches of the deltoid left sound, while the inflammation had extended nearly close to the shoulder on either side. It was determined on to saw through the bone, just below the tubercles. Accordingly, Mr. T. began by making a semilunar incision, so as to include all the healthy deltoid in its cavity, and continued, by connecting the two extremities by another incision, carried under the arm, thus making a single flap from above; the bone was then sawed through beneath the tubercles, and the artery, which had bled very freely, notwithstanding Mr. Travers was making very firm pressure above the clavicle, was secured with some little difficulty. A suture was passed through the integuments, and the patient conveyed to bed. After a short time, finding that no hemorrhage had taken place, Mr. Tyrrell dressed the wound. From the loss of blood, the poor fellow now had a cold skin and small pulse, from

which state he did not rally until the 2d day. Opium and wine were ordered.

*4th.* Skin hot, and diarrhœa. Mist. effervesc, c. T. opii, gtt. v. 4tis horis. Porter, ℔ss.

*5th.* Very little alteration. Porter, ℔j. Eggs, ij. Cal. gr. j. Op. gr. ss. n. s. Mist. efferv.

6, P. M. Omit the porter. Vini rub. ℥vj.; Mist. cretæ post sing. sed. liq.; T. opii, gutt. xx. statim.

*9th.* Wound was dressed; and, but for some small sloughs, was looking pretty healthy—he was not materially altered in other respects.

*10th.* Last evening his stump became painful—he complained of nausea and occasional retching—he is to-day in a very low state—his countenance is cadaverous, and pulse rapid and feeble—he answers with reluctance, and notices nothing. The parts surrounding the wound are swelled, and the dressings are in part removed—brandy was ordered hourly. No change but that of evident sinking took place after this report. He died this evening.

The amputated limb exhibited, on examination, not an aneurism from wound of the artery, but a wound simply of the accompanying vein. With respect to the other part of the limb nothing particular was found—thickening of the integuments round the wound for some distance—œdema of the lower arm, and superficial gangrene.

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## XV.

### ICTHYOSIS.

Wm. Goodwin, æt. 11, applied at the hospital as an out-patient, under Dr. Roots, 12th July, 1827. The whole of his limbs, excepting the joints, were covered with a calcareous scale, which was hard, of a darkish grey colour, and intersected into small square meshes. He has always enjoyed good health, though of a well-marked scrophulous diathesis, but has never been free from the present complaint since he was a year old.

His bowels are confined, so that a week will sometimes pass without his procuring a stool; he has thirst at present, and a bad appetite; his urine is in full quantity, light in colour, and without sediment—his body is constantly itching. Ordered picis liquid, ʒss.; Pulv. glycirrhizæ, q. s. ad massam formand. quam in pil. xl. divide cap. iij. 6tis horis; Balneum tepid altern. auroris.

This remedy was continued for about five weeks, when he complained of sickness to a great degree, so that it could no longer be borne on the stomach for any length of time, and the impure prussic acid was prescribed. The effects of this equally nauseating medicine I have not been able to collect, nor do I know the object of its application. 'Tis true, that the scales are now pretty generally cleared from the skin, but it must be supposed that the bath was more influential in removing them than the pitch; and, of course, as far as the constitutional disposition is concerned, little amendment can yet be visible. Dr. Mason Good alludes to this treatment, but says, that he never heard of any permanent good effect from it; for, as soon as *local* remedies even are withdrawn, the scales have re-appeared.

The pathology of this disease seems to be a metastasis of the secretion of the calcareous earths. In like manner, Dr. Good relates two cases, where calcareous matter was secreted with the saliva and urine, and where, upon examination of their bones after death, little more than cartilage was found, of which "the scalpel, with very little force, ran through the hardest." But a simple vitiated secretion is seen in mollities and fragilitas ossium, of which the present case can be but a variety.

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## XVI.

### DIFFUSE INFLAMMATION OF THE CELLULAR MEMBRANE AFTER BLEEDING.

Sarah Groombridge, a plethoric girl, of 21 years, was admitted, 23d of July, under Mr. Tyrrell. She complains of pain and heat extending above and below the elbow-joint to a considerable distance—there is much swelling, so that the arm is nearly twice its natural size, affording a pit on pressure, and producing some pain by the motion of the fingers. Two days after being bled, she states that her arm began to be painful, and to swell. Poultices and opening medicine were employed, and it gradually increased to the present

state, being four days from its commencement. There is some constitutional excitement, the skin is dry, pulse full, and tongue white; there is thirst, and her bowels are constipated, unless moved by medicine. Ordered, Hirud. xxx.; Lot. plumbi subacet. dilut. c. cataplasm miscæ, panis. Hydr. submur gr. v. hac nocte sumend.; M. s. c. cras mane sumend. et rep. ad sedes liquid.

24*th*. Excitement increased, and local symptoms more severe. Hirud. xx. cat. lini.

25*th*. Improved—she has slept, and her skin is moist. Hirud. xxx.

27*th*. Pain and redness of the arm are gone, but have left considerable swelling, which pits on pressure. Some watery fluid, resembling pus in colour, has escaped from the puncture of the venesection. All fever is gone.

30*th*. A second puncture was made, and a large quantity of thin watery discharge was evacuated. Some hardness left.

2*d August*. Emp. saponis to be applied up the fore-arm.

This case, although it may not have been so severe as is often presented to us, will serve to illustrate the usual practice at this hospital of treating similar cases. Mr. Tyrrell has a great objection to the decided measures proposed by Messrs. Earle and Hutchison, *viz*. of incisions; for, in his opinion, the only real benefit is the loss of blood; but, then, we have no command over the quantity, and patients have repeatedly been known to sink from that cause; while, by leeches, the same object is arrived at, with comparative certainty, and its success has been fully established. With Mr. T. this plan has never failed, where he has had the commencement of the attack to deal with.

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## XVII.

### A FATAL CASE OF COMPOUND FRACTURE OF THE TIBIA AND FIBULA.

WILLIAM BROWN, æt. 70, a labourer, was brought into the hospital, 27th June, 1827. On examination of the left leg, was found a fracture of the tibia and fibula, with obliquity downwards and outwards, a wound of about ¾ of an inch was produced by the protrusion of the lower portion of the tibia, and a small piece of the upper portion lay detached within the wound; there was no difficulty in reducing it, and but little blood issued from the wound; a small dosil of lint was laid upon the orifice, and the leg was placed between two splints, laid upon the back, and raised at the heel. In the evening some swelling was perceived, and the patient complained of great uneasiness—the splints were loosened, and a spirit lotion to the whole leg; after which, nothing untoward occurred until the evening of 1st July, when the parts surrounding the wound appeared much inflamed—pulse raised, skin hot, and thirst—his bowels were confined. Ordered s. c. cochl. iij. 2dis horis donec alvus respond.

2*d*. A small sloughy spot covers the wound, and an inflammatory blush extends over the whole leg—pulse is full, but very compressible—tongue brown, skin hot—18 leeches were ordered; a poultice over the wound; the spirit lotion to be continued; and the splints to be entirely removed. Rep. m. s. c.

3*d*. Sloughing has continued. P.

4*th*. The lower portion of the tibia is exposed—slough increased. The leg was to-day placed in Sir A. Cooper's fracture box, which operation produced no pain.

5*th*. Some healthy discharge—fever gone—pulse much lessened in volume, and quicker. Porter ℔j. quotidie.

7*th*. Limb looking better—inflammation subsiding, but his bowels are very relaxed, and he is scarcely able to retain his stools. Mist. cretæ c. to be taken after every liquid stool. Port wine, ʒij. and porter.

9*th*. Debility increased—bowels still purged—tongue brown—pulse quick, and very compressible. Omit the porter, in the fear that it gave rise to the diarrhœa. Wine, ʒiv. ℞. T. opii gtts. x.; Ammon. carb. gr. v.; Mist. camph. ʒiss. 6tis horis s. sago and syrup.—Continue the poultice.

12*th*. Restless—pulse irregular—vital powers evidently sinking. Brandy ad libitum.

From this report he gradually sunk. His age and constitution were both points of great consideration. The same degree of inflammation in a young and robust subject might have been combated with blood-letting, but certainly could not have been treated without its employment.

The pulse here was of that full, but powerless volume, which indicated a flabbiness rather than excess of action in the heart and arteries, and, as such, the small abstraction of a few ounces of blood would have been attended, perhaps, with a fatal syncope. The case might be contrasted with a similar injury in a middle-aged man, where a great destruction of parts was attended with very little suffering of the constitution.

John Ellis, æt. 22, was admitted, after having received a blow upon the upper-arm from the handle of a winch, while nearly a ton weight was hanging to it. On examination, a fracture was found, extending obliquely downwards and outwards, through the shaft of the humerus, at its lower third—a small wound communicates with the lower portion—there is not much tumefaction. The wound was dressed with adhesive plaster, and the limb supported by two splints, one on the inner and the other on the outer side. A cold lotion was ordered, and the fore-arm kept at right angle with the upper, raised on a pillow.

A few days after, he complained of uneasiness, for which the splints were loosened; but, the wound being on the under side, was not examined, from time to time, so regularly as would have been permitted, had it been situated elsewhere. On the 7th day, great pain was experienced, and febrile symptoms developed themselves; this was considered to arise from the riding of bones, since the splints could give no support, from their looseness. The patient was, therefore, directed to sit up, when the wound, which was in a foul condition, was discovered to be surrounded with a large slough; it was, therefore, dressed with the red precipitate ointment, and supported by four well padded splints, lightly applied. He was desired to remain in the semi-erect position, and suspend the elbow, while he supported the fore-arm only, at right angles with the upper, in a sling. This gave him great ease; and, from this time, the splints were gradually drawn tighter, as the inflammation subsided, and the sore would bear pressure. His health suffered but little, and all excitement subsided so soon as the irritation was withdrawn.

It must be desirable, in compound fractures, that rest and the recumbent posture should be enjoined until all inflammatory symptoms shall have subsided, even in the upper extremity, where motion need not be used: and the present case is an exception, only because the wound being on the under side, the limb was necessarily disturbed at each dressing; and, from the riding of the ends of the bone, in consequence of its obliquity, the inflammation must thereby be kept up, if not altogether excited. But the extension which the weight of the elbow afforded, got rid of the real source of irritation, and allowed of sufficient pressure to support the limb, and effect a comfortable apposition of the broken ends. Nothing afterwards retarded his gradual recovery.

## XVIII.

### A CASE OF POISONING BY ARSENIC.

A woman, apparently about 60 years of age, was brought into the hospital, under Dr. Elliotson, in a state of exhaustion; her pulse was scarcely perceptible, skin cold, and pupils fixed—she was incapable of answering when spoken to—pressure in the epigastric region gave excessive pain, under which she would writhe and exclaim some imperfect sound—her breathing was not at all effected—her tongue was dry, and she appeared to wish for drink constantly.

Those who brought her knew little or nothing about her, but informed us that, on entering a neighbour's kitchen, about an hour ago, she had begun to eat some bread-crumbs, which were lying in a plate mixed with arsenic, for the purpose of destroying black-beatles, but would not desist on being warned of it.

The stomach-pump had been used, sufficiently merely to obtain a specimen of the contents of the stomach, which, together with the remaining crumbs of bread, were analyzed by Dr. Bruton, and found to contain arsenic. Another pump was procured from the hospital, the former being out of repair, and a second attempt was made by the dresser when the stomach was emptied and filled several times with luke-warm water, until the fluid came unchanged by any admixture from the stomach; it having received a tinge of blood each time. Nearly two hours had now elapsed since the accident. The treatment became then a matter of consideration. Inflammation existed, as was clear from the excessive pain about the region of the stomach, no less than from the blood which stained the water. The

state of exhaustion, however, forbade blood-letting; but a large dose of opium was determined on, and mucilaginous fluids; a glyster of ol. ricini and ol. olivæ was given; leeches also were ordered, but she sank before they could be applied.

## XIX.

### A CASE OF SUPPOSED FUNGUS OF THE BRAIN BENEFITED BY IODINE.

WILLIAM HICKS, æt. 44, admitted, under Dr. Scott, 12th July, 1827, complains of imperfect vision of the left, and total darkness of the right eye. The recti muscles are likewise partially paralysed, their motion being very limited, if not altogether gone: thus he is able only to turn the right eye upwards, and the left a little to the side in addition; no adaptation, therefore, of the eyes can take place, and he sees objects doubled beyond a certain focus, the axis of the one crossing that of the other at a certain point. The pupils are small, and do not contract to the stimulus of light. He has also a numbness of the lower extremities, with occasional flashes of pain, extending from the foot to the thigh—there is such debility of these limbs, that he drags them after him in walking, and often misses his step. His hands, likewise, partake of this debility, for they are not capable of offering any degree of force.

He has passed a sedentary life, being a weaver, and has been constantly the subject of head-ache for these two years past—bleeding, however, generally relieved it.

Dr. Elliotson, in the absence of Dr. Scott, said, he considered these symptoms to arise from the presence of fungoid growths in the cranium; he, therefore, ordered T. iodinæ, ℳ. x. ter die; Abrad. capilli et app. ung. iodinæ capiti bis die.

The patient continued these medicines, gradually increasing the former to xxv. ℳ. until the 5th of August, when the stomach became irritable, and it was withdrawn. Its use had been attended with decided benefit—the eyes are less dark, and he can move them in almost any direction—his feet are stronger, less numbed, and but seldom affected with those stinging pains complained of on his admission. Blisters were made use of afterwards, but almost immediately upon the abstraction of the iodine his pains returned, his walking was attended with the same uncertainty as at first, his sight became dimmed, and he complained of head-ache. The subsequent treatment I was unable to learn.

G. WICKHAM,
*Winchester.*

## HOSPITAL REPORTS.

REASONS, which are sufficiently set forth in the Address at the close of this Number, induce us to state that, in future, this Journal will be entirely dedicated to the subject of REVIEWS of BOOKS and JOURNALS. Our HOSPITAL-REPORT PRIZE has called forth a number of competitors beyond our most sanguine expectations; and we have, at this moment, reports enough in our hands to fill a large volume. To several of the competitors we shall adjudge the Prize, (as will be seen in the list) although we are unable to give insertion to the Reports themselves. We claim the privilege, however, of handing them over for publication to some of our cotemporaries. To these cotemporaries, we have recommended the example of offering Prizes for Hospital Reports; and we have reason to believe that they will adopt it. We return our sincere thanks to the Candidates who have favoured us with their labours; and we earnestly entreat all who have opportunities of observing the events of HOSPITAL PRACTICE, to favour us with the correction of *erroneous* Hospital Reports, wherever they may be published, in order that truth may predominate over error. The HALF-MONTHLY Fasciculi, in which form this Journal will henceforth be published, will afford an immediate antidote to the poison of *false reports;* and if surgeons do not embrace this medium of correcting falsehoods, they deserve all the evil consequences that may attach to the propagation of error. The statements must be *authenticated to us:*—but the contradictions must invariably appear in our own language. No original papers, of any description, can come within the three sheets of which each Fasciculus of the Journal will be composed. EXTRA-LIMITES must be at the expense of the individual claiming that medium.

# BIBLIOGRAPHICAL RECORD;

OR,

*Works received for Review from the 15th of September to the 15th of December*, 1827.

1. Manual of Pathology; containing the Symptoms, Diagnosis, and Morbid Characters of Diseases; together with an Exposition of the different Methods of Examination, applicable to Affections of the Head, Chest, and Abdomen. By L. MARTINET, D. M. P. Translated, with Notes and Additions, by JONES QUAIN, A.B. Demonstrator of Anatomy at the Medical School, Aldersgate Street. Second Edition, revised, with additional Notes. 18mo, pp. 297. London, Simpkin and Marshal, 1827.

☞ *We are glad to see that the favourable opinion which we expressed of this Work has been confirmed by the rapid sale of the first edition. This second edition is considerably improved, and is still more entitled to public patronage.*

2. Rambling Notes and Reflections, suggested during a Visit to Paris in the Winter of 1826-1827. By Sir ARTHUR BROOKE FAULKNER. 8vo, pp. 348. London, Longman, 1827.

☞ *See the present No. of this Journal.*

3. An Introduction to the Comparative Anatomy of Animals; compiled with constant Reference to Physiology, and elucidated by Twenty Copper-plates. By C. G. CARUS, Med. et Phil. Doct. Professor of Midwifery to the Medico-Chirurgical Academy at Dresden, &c Translated from the German, by R.T. GORE, M.R.C.S. In Two Volumes, 8vo, pp. 371—400, with one Vol. of Plates, in 4to, pp. 50. Longman, London, 1827.

☞ *This Work is worth its weight in gold. The diagrams and plans are so numerous and well managed, as to render the study of comparative anatomy throughout the whole range of animated nature, a matter of complete facility. It is a great acquisition to the zoological science and literature of this country.*

4. A Manual of Comparative Anatomy; translated from the German of J. F. BLUMENBACH, with additional Notes by WILLIAM LAWRENCE, Esq. F.R.S. Surgeon to St. Bartholomew's Hospital, &c. &c. Second Edition, revised and augmented, by WILLIAM COULSON, Demonstrator of Anatomy at the Medical School, Aldersgate-st. &c. &c. 8vo, pp. 379, 8 Plates. Simpkin and Marshall, London, 1827.

☞ *This Work is on a far smaller scale than the preceding, and not near so well adapted for the study of comparative anatomy. It will be much relished by those who have made advances in that useful and highly ornamental science.*

5. L'Agent immediat du Mouvement Vital devoilé dans sa Nature et dans son Mode d'Action, chez les Vegetaux, et chez les Animaux. Par M.H. DUTROCHET, &c. &c. 8vo, pp. 226. Bailliere, Bedford Street, Bedford Square, 1827.

6. A concise Description of the Locality and Distribution of the Arteries in the Living Body. By G. D. DERMOTT, Lecturer on Anatomy and Surgery in the Anatomical School, Little Windmill Street. 12mo, pp. 144, with three Diagrams. Highley, London, 1827.

7. Memoirs of West Indian Fever; constituting brief Notices regarding the Treatment, Origin, and Nature of the Disease commonly called Yellow Fever. By JOHN WILSON, M. D. R.N. 8vo, pp. 217. Burgess and Hill, London, 1827.

☞ *See our present number.*

8. A Treatise on those Diseases which are either directly or indirectly connected with Indigestion: comprising a Commentary on the principal Ailments of Children. By DAVID UWINS, M.D. &c. 8vo, pp. 274. Underwoods, London, 1827.

9. The Lectures of Sir Astley Cooper, Bart. F.R.S. Surgeon to the King, &c. on the Principles and Practice of Surgery;

with additional Notes and Cases. By Frederick Tyrrell, Esq. Surgeon to St. Thomas's Hospital, &c. &c. Vol. III. 8vo, pp. 538, two Plates. Simpkin and Marshall, London, 1827.

10. Two Letters, shewing the Impropriety of electing Assistant Surgeons. Respectfully addressed to the Governors of the Norfolk and Norwich Hospital. By John Cross, one of the Surgeons to the Hospital. 8vo, stitched, pp. 24. Norwich, 1827.

11. The Medico-Chirurgical Transactions, Vol. XIII. Part II. London, Longman and Co.

12. A Treatise on the Diseases of the Chest, and on Mediate Auscultation. By R. T. H. Laennec, M. D. &c. &c. Second Edition, greatly enlarged. Translated from the French, with Notes, and a Sketch of the Author's Life. By John Forbes, M.D. Member of the Royal College of Physicians, &c. 8vo, pp. 722, with Plates. Price 24 Shillings. Underwoods, November, 1827. ☞ *See Review.*

13. A Treatise on the Cutaneous Diseases incidental to Childhood; comprehending the Origin, Nature, Treatment, and Prevention. By Walter C. Dendy, Surgeon to the Royal Infirmary for Children, &c. &c. 8vo, pp. 289, with Plates. John Churchill, Leicester Square. London, November, 1827.

14. Medical Botany, up to No. XII. for Nov. 1, 1827. By Dr. Stephenson and Mr. Churchill.

☞ *See Review of this No.*

15. Anatomical Description of the Reflections of the Peritoneum and Pleuræ; with Diagrams. By G. D. Dermott, Lecturer on Anatomy and Surgery in the Anatomical School, Little Windmill-st. 8vo. stitched, pp. 24. Highley, London, 1827.

☞ *This little Work of Mr. Dermott's appears to us to be well adapted to the ends proposed. Different sections of the thorax and abdomen are given, in Lithographic Diagrams, which display the different inflections of their investing membranes in a clear and satisfactory manner. We can safely recommend the Work to the Anatomical Student.*

16. A Memoir on the Diagnostic Signs afforded by the Use of the Stethoscope, in Fractures, and in other Surgical Diseases. Translated from the French of Professor Lisfranc, with Notes and Additions, by J. R. Alcock. Pp. 36, with one Plate. Burgess, London, 1827.

☞ *We have looked over this translation, and have no hesitation in declaring that it is extremely well executed, whilst the notes and observations appended do credit to the industry and talent of the young author. The stethoscope, we have no doubt, may be applied to more purposes than were originally contemplated by the illustrious Laennec; but we really despair of its use in such cases as fracture, by our hospital and* private *optimists, when they doggedly scout its employment in diseases of the thorax.*

17. The Dissector, price 8d. Nos. 1 to 9.

☞ *We beg to return our best thanks to the Editors for their courtesy. We shall take care to supply them with our own Journal in exchange.*

18. A Letter addressed to the Faculty of Physic in London, on the Illegal and Unwholesome Bye-Laws of the College of Physicians of London, establishing a Monopoly in favour of the Graduates of Oxford and Cambridge. By H. Robertson, M. D. of the University of Edinburgh. 8vo. pp. 31, stitched. London, 1827.

☞ *The "Faculty of Physic" exists merely in Dr. Robertson's imagination. There is no such thing in London. It would be an illegal institution. But we do not deny the existence of unwholesome bye-laws, and of monopolies. The physicians of England and Scotland should join in a petition to the Legislature for redress —but not form any illegal institutions.*

19. Pathological and Practical Researches on Diseases of the Brain and the Spinal Chord. By John Abercrombie, M.D. Fellow of the Royal College of Physicians of Edinburgh, &c. 8vo. pp. 444. Edinburgh, 1827.

20. Remarks on Fish-poisons. By E. D. Allison, M.D. of Leith.

21. A Manual of Surgical Anatomy, containing a minute Description of the Parts concerned in Operative Surgery,

with the Anatomical Effects of Accidents, and Instructions for the Performance of Operations. By H. M. Edwards, D.M.P. Translated, with Notes, by Wm. Coulson, Demonstrator of Anatomy at the Medical School, Aldersgate Street, &c. 12mo. pp. 427. London, 1828.

☞ *This is not meant to supersede the ordinary Works on Anatomy, as it treats only of those parts with which we have to do surgically, in accidents or operations. We are sure we need say little in commendation of any thing which proceeds from the pen of our able countryman, Dr. Edwards; but, from the hasty glance which we have been enabled to cast over the pages, we have no hesitation in bestowing upon it our meed of applause, such as it is. The translation appears to be respectably executed; but really, looking at the notes, one would imagine Mr. Coulson to be deeper read in the Lancet than any other modern Work. In his quotations from that Work, however, he cannot be accused of plagiarism.*

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22. An Oration, introductory to the Study of the Healing Art; delivered by John Charles Litchfield, F.L.S. Surgeon, on Friday, September 28, 1827, in the School of Surgery, Sidmouth Street, Gray's-Inn Road. 8vo. stitched, pp. 44. London, 1827.

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23. A Sketch of the History, Composition, and Medicinal Properties, of the Springs of Leamington Spa; to which is appended, an Outline of the Rules for Drinking the Waters, Bathing, Diet of the Patients, &c. By Charles Loudon, M.D. &c. 8vo. pp. 46. Leamington Spa, 1827.

☞ *Unlike those pitiful supplications for sympathy, wherewithal most of our Watering Places ever abound, it is characterised by the utter absence of egotism and selfish pretension. Distant practitioners will derive assistance from it, in forming directions for the use of those patients to whom they may judge a course of the Leamington Waters advantageous; and they who, from whatever motives, may find it necessary to make a temporary or permanent residence at this justly celebrated Spa, should take the "Sketch" itself as a perspicuous and faithful guide in the management of health, or the treatment of disease.*

24. Observations on the Properties and Effects of the Expressed Oil of the Seed of Croton Tiglium; together with the Botanical History, and a correct coloured Engraving of the Plant. By John Frost, of Emanuel College, Cambridge, &c. &c. 8vo. stitched, pp. 40, with one Plate. London, 1827.

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25. A Description of Read's Patent Syringe, with Public and Professional Testimonials of its superior Utility. By John Read. London, price one shilling.

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26. Arnott's Elements of Physics, &c. Second Edition, enlarged.

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27. Formulary for the Preparation and Employment of several New Remedies. Translated from the Sixth Edition of the Formulaire of M. Majendie. By Joseph Houlton, F.L.S. 12s. 6d.

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The following works have been received from M. Baillière, of Bedford-st. Bedford Square.

1. Belmas, D. Traité de la Gystotomie Sus Pubienne. Avec Planches, en 8vo. Paris, 1827. Prix 6s.

2. Desruelles, H. M. J. Traité de la Coqueluche, d'apres les Principes de la Médécine Physiologique. En 8vo. Paris, 1827. 6s.

3. Calmeil, (L. F.) de la Paralysie, considérée chez les Alienes Recherches, faites dans le Service de Feu, M. Royer Collard, et de M. Esquirol. En 8vo. prix 6s. 6d.

4. Ratier, Formulaire Pratique des Hôpitaux Civils de Paris, ou Recueil des Prescriptions Médicamenteuses employées par les Médécins et Chirurgiens de ces Etablissements. 3me Edition, revue et considerablement augmentée, 1 vol. en 18mo. 1827. 4s. 6d.

5. Gall, (I. I.) sur les Fonctions du Cerveau. 6 vol. en 8. Paris, 1826. 2l. 2s.

6. Roche, (L. Ch.) de la Nouvelle Doctrine Medicale, considerée sous le Rapport des Theories et de la Mortalité, Discution entre Messrs. Miquel, Bousquet, et Roche. Paris, 1827. En 8vo. 4s. 6d.

7. Tiedemann et Gmelin, Recherches Experimentales Physiologiques et Chimiques, sur le Digestion, considerée dans les quatre Classes d'Animeaux Vertébrés. Traduites de l'Allemand, par A. J. L. Jourdan, D. M. P. 2 vol. en 8vo. Paris, 1827. 15s.

8. Hoffbauer, (J. G.) Médécine Legale, relative aux Aliénés, et aux Sourds-Muets, ou les Lois appliquées aux Désordres de l'Intelligence. Traduite de l'Allemand, sur la derniere Edition, par A. M. Chambeyron, D.M.P. avec des Notes, par Messrs. Esquirol et Itard. En 8vo. Paris, 1827. Prix 7s.

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# Miscellanies.

## FACETIÆ LITERARUM MEDICARUM.

### I.

"How to become a popular editor of a medical miscellany.

[*From the* Dissector, *No.* 2.]

"Begin by publishing an account of a beastly crime—rob other men of their intellectual property to fill your pages—praise the scum of the profession to the skies, and assail honest and respectable men with nick-names, the lowest ribaldry, and wretched wit. By so doing you will rise from obscurity into disgraceful *notoriety*—the little lecturers will shake your hand, admit you at their houses, and supply you with a corrected copy of their lectures. Thus, you will insure the sale of your miscellany, and gain a threadbare living, which you might never have done in practice."

### II.

Wanted for a medical miscellany.

[*Ibidem.*]

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2. "Hospital reports—no matter if they proceed from empty walls.

3. "Pithy answers to imaginary correspondents.*

4. "A translator of the German and Italian. It will not be required that he should be conversant with either language.

5. "A set of well-rounded encomiastic periods for friends, together with a few nick-names for opponents.

6. "The use of Juvenal's Satires, with the *English under each word*, for occasional quotation.

7. "A Lancet *unsoiled* by malignant matter,—for shew only."—Dissector, No. 3.

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* We beg to supply the Dissector with an example.

"We have just received a communication of 50 foolscap pages from our correspondent in the Moon. We shall return a more particular answer by the *Skyrocket* packet, which starts from our office every Friday, at 2 o'clock, precisely."

## III.

### CONSISTENCY.

| LANCET. | LANCET. |
|---|---|
| 1. "Some who *cant*—others who *recant*."—*Vol.* III. *p.* 18. | 1. "If a man be desirous of plugging up a tortuous passage, he does not select a piece of *unyielding* oak"—*viz.* Lawrence!—*Vol.* XIII. *p.* 20. |
| 2. "Neither the fracture of the cranium nor that of the femur had been discovered during life; so much for Bartholomew's surgery. The patient was under the care of Mr. Lawrence."—*Ib.* III. *p.* 190. | 2. "The publication of hospital reports has shewn the public the spot on which the genius of Lawrence shines. Pupils are now *flocking* from all parts of the kingdom eager to be illuminated."—*Vol.* XII. *p.* 620. |
| 3. "We have, in the lectures of Mr. Abernethy, matter which will be found highly amusing and instructive."—*Vol.* II. *p.* 417. | 3. "The lectures which we now present to our readers complete Mr. Abernethy's surgical course; and as we are of opinion that they form no embellishment to our pages, we have thought it best to shake off the INCUBUS at once."—*Vol.* VII. *p.* 1. |
| 4. "Mr. Green is evidently very vain and a very shallow person."—*Vol.* III. *p.* 371. | 4. "Mr. Green has honourably distinguished himself from most other hospital teachers."—*Vol.* XIII. *p.* 99. DISSECTOR, No. 4. |
| MR. BELL.—"We should lament giving to the public any imperfect performances of this perfect surgeon."—*Vol.* V. *p.* 13. | "Here, Gentlemen, (holding in his hand an empty skull,) I compare this to a BELL, and I am sure you will at once perceive the aptitude of the simile."—*Vol.* IX. *p.* 878. |
| Dr. BIRKBECK.—"Dr. Birkbeck has deserved well of his country—he is a real friend of the human race"—*Vol.* XI. *p.* 845. | "Old Brickbat, the star of the East, so radiant he shines on mechanics."—*Vol.* X. *p.* 29. |

### NO PERSONALITIES.

| | EXAMPLES. |
|---|---|
| "When and where have we noticed any official character in a way which can justly be called *personal?*" DISSECTOR, No. 8. | "Ninnyhammers"—"Toads"—"Bats'—"Hospital Idiots"—"Joe Green"—"Joe Burns"—"The Surgical Eclipse"—"The *Huge* Eclipse"—"Ben Travers"—"Little Brodie"—"Cockney Mayo"—"Saint Julius"—"Bandager Jeffrey"—"The Prickley Rose"—"Sir Everard Fuddle"—"Dowager Lynn"—"The Yellow Goth," &c. &c. Passim. |

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## IV.

### RETROSPECTIVE VIEWS OF A PLEASING KIND.

[*From the first number of the London Medical Gazette.*]

"At no distant period, the profession of medicine was a respectable, peaceful, and comparatively happy pursuit; none of its members were exposed to attacks from the press, but those who invited them by the act of publication; the rest followed their occupations in privacy, with no other interruption to their tranquillity than the toils and anxieties of their profession. To industrious and conscien-

tious men, these were enough, and often more than enough—and many a one broke down under them.

"But a few years ago, a set of literary plunderers broke in on the peace and quiet of our profession. Lecturers, who had spent their lives in collecting knowledge, arranging it for communication, and acquiring the difficult art of oral instruction, saw the produce of their lives suddenly snatched from them, and published for the profit of others, with the additional mortification of finding what they had taken so much pains with, disfigured by bad English and ridiculous or mischievous blunders. Whoever attempted to arrest these piracies became the object of furious and unrelenting abuse. Hospital physicians and surgeons, who have to prescribe and operate in public, and at stated times, in whatever condition of bodily health or mental feeling they may happen to be, and exercising in the face of critics not always competent to decide on their merits,—a science so avowedly imperfect, as to afford abundant scope for uncandid and ill-natured remarks, however judiciously practised,—were held up to public scorn for errors, to which, even if actually committed, the ablest men are occasionally liable, while those who are leagued in secret with their calumniators, and who, with one or two exceptions, were as insignificant in station and talents as they were equivocal in character, were represented as at the summit of science and professional eminence.

"Such, among others, have been the results of a system, which has no parallel in the records of any liberal profession. We do not deny that public exposure may have, in some few instances, done good; it may have abolished some foolish custom, or led to the reformation of some trifling abuse; but weigh the evil against the good—it has deprived eminent men of their intellectual property, and destroyed the mutual confidence between pupils and their teachers; it has lowered the respectability of the profession, and has spread general distrust; it has broken up private friendships; it has placed man in hostility to man; and has set so many bad passions into ferment, that well-disposed men become disgusted with the state of their profession, and vow that they never will inflict it on their sons."

## V.

### DR. HOPKINS' PRIZE MEDAL.

We are at all times happy to bear testimony to the efforts of medical professors in forwarding the views and welfare of their pupils. Amongst the foremost of these, we may remark the great exertions used by Dr. Hopkins, to increase the means, and rouse into activity the energies, of his pupils, to acquire a thorough knowledge of that most important branch of medical study, the science and practice of midwifery.

Now, we conceive the methods Dr. H. has adopted to effect these desirable purposes, cannot fail of meeting with that approbation and success which his liberality alone, for we can call it by no lesser mark of distinction, as will presently appear, should entitle him to expect. Dr. H. had contemplated, for some time past, on the plan of distributing prizes to his class; and accordingly, with this intention, Dr. H. has invented an appropriate and elegant design, from which a *gold medal* has been cast, and is now held out, as a prize, to his pupils at the Borough School, for the best Essay on the Various Causes and Treatment of Protracted Labour: and likewise to his pupils at the West End School, for the best Essay on Complex Labour.

We may further observe, that, with the commendable anxiety to excite the utmost exertions of his pupils, and in consideration of a number of well written essays having been sent in, the Doctor has been induced to offer a silver medal (the same design as the gold one) for the second best essay.

We are given to understand, besides fostering the most laudable feelings of emulation amongst his classes, by conferring these handsome and valuable prizes, the Doctor is constantly assisting and improving their studies, by attending patients with them at the bedside, and making those useful and practical remarks which he considers applicable to each individual case.

Society at large will at once acknowledge, such a man not only deserves well of his brethren in the profession, but also of every philanthropist and well-wisher of mankind, in thus endeavouring to further this most important pursuit.

# EXTRA-LIMITES.

*Observations on Cullen's System and Doctrines of Fever, shewing the Necessity of their being abandoned by Teachers of the Principles and Practice of Physic, forming the third Communication on Fever.** By John Mackintosh, M.D. Acting Surgeon to the Ordnance in North Britain; Physician to the General Dispensary, Brown Square; and Lecturer on the Practice of Physic, &c. in Edinburgh.

It is the proud boast of the present æra, that the arts and sciences never flourished in such an extraordinary degree; while the uncertainty of physic, and the unsettled nature of medical opinions, are too notorious to require being insisted on in this place. For this difference there must be sufficient reasons;—one of the most obvious, it appears to me, is, the errors of Cullen's System; another is to be found in the present plan of medical education—but I must confine my present observations to the first-mentioned cause.

Let me ask, in what state would mechanics and chemistry now have been, if the improvers of these sciences had, like Cullen, assumed false facts upon erroneous theories, as the very basis of their systems?

Surgery obtained the start of physic, and still maintains the pre-eminence, in consequence of its professors proceeding upon wiser principles than those which have generally guided physicians. The public has seen this, and the consequence is, that, in London, surgeons of eminence derive a far greater part of their revenue from the practice of physic, than from that of pure surgery. In Edinburgh, the medical practice is enjoyed, not by pure physicians, but by surgeon-apothecaries, who have obtained the confidence of the public. From this class, the consulting physicians, strange as it may appear, are at present chosen, which is a proof that they possess the confidence of the rest of the profession. Some of these have their medical degrees from universities which formerly granted them without any examination; and these individuals have no reason to blush at this statement.

In the first communication, on Intermittent Fever,† I drew several conclusions from the facts previously detailed, the last of these I shall take the liberty of quoting in this place. "If these cases possessed no practical merit whatever, they promise to be productive of great advantage to medical science, by destroy-

* This paper was announced in the 93d No. of the Edinburgh Medical and Surgical Journal, to appear in the next No. in the following terms:—"The object of my next communication will be, to shew the necessity of abandoning the doctrines of Cullen, in teaching the principles and practice of physic." It was accordingly forwarded to Dr. Cragie, early in November, for that purpose: that gentleman mentioned to me, that he had taken the liberty to mark several passages, which he thought had better be erased, to which I freely assented. But, subsequently, he waited upon me, to state that he had since had a consultation with "*the other gentlemen*," and they wished to decline printing it, as it was too controversial for this Journal. At the same time, I think it due to Dr. Cragie to state, that he made many polite apologies for now declining that which he had previously promised more than once to do. It would have been more becoming, if the Editors had commenced the reformation with themselves. But I think no one can fail to discover the true motives of the professorial Editor, or Editors, after perusing the paper itself.

† Published in the 91st No. of the Edinburgh Medical and Surgical Journal.

ing the very foundation of the erroneous system of Cullen. The doctrines upon which this system is founded, have to this day bewildered old and young in the profession, who think and act only under the nod of authority. Cullen's System has been a great bar to all improvement in medicine, and this is the principal cause of the backward state of pathology in this country, when compared with the strides made in that department by our professional brethren in France."

The object of this present communication, is to enter more fully into this subject, and to prove how hollow this system really is.

The whole rests upon the fate of the second chapter, which treats of "the Proximate Cause of Fever"—or, in other language, of the nature and seat of the family of diseases denominated fever. The whole fabric is built upon principles which are there fully and minutely detailed. It is the foundation of the edifice; and if I can prove it to be unsound, the rest of the tenement must be deserted.*

I shall now, then, proceed to the task I have proposed to myself. "As the hot stage of fever is so constantly preceded by a cold stage, we presume (says Cullen) that the latter is the cause of the former, and, therefore, that the cause of the cold stage is the cause of all that follows in the course of the paroxysm."—*Paragraph* 34. This is certainly correct *when there is a cold stage;* we often, however, see cases where there is no rigor, or even chilliness, the excitement being the first part of the diseased action which can be detected. The practice of bleeding in the cold stage, and its success in stopping the paroxysm, proves that to be true, which was only stated by Cullen hypothetically. By that practice, the rigors cease on the instant, and neither of the subsequent phenomena generally takes place, if the patient is properly managed.

In the 35th paragraph, he attempts to explain the cause of the cold stage, by which I understand he means the first link in the chain of diseased action, and he concludes, that "*diminished energy of the brain*" is the cause. This is a slight specimen of his unphilosophical method of proceeding. He substitutes one difficulty for another, and, having given it a name, he assumes it as a fact in medicine. But he must have a cause capable of producing this diminished energy of the brain. Any cause will not do; and, therefore, he fixes upon one or other of several causes, which he supposes always to produce *sedative effects* on the body—namely, contagion, miasmata, cold, and fear. The application of any of these produces debility: and he also attempts to explain the relapses in fever, by the *re-application* of the same debilitating powers. According to Cullen, the cold stage is *always* preceded by debility, and the former *always* precedes the state of heat; *all* the symptoms denote weakness, which weakness is a proof of diminished energy of the brain.—*Par.* 37, *and last part of the* 35*th.*

Finding the doctrines extremely weak, Cullen is next obliged to seek support from an antiquated and mysterious old lady, commonly called "vis medicatrix Naturæ."—*Par.* 38 *and* 39. He then asserts, as he feels still in difficulty in pleading the case, that, during the cold stage, there is a *spasm of the extreme vessels, every where on the extremities of the arteries*, and he attempts to prove this assumption, by the well-known fact of the suppression of the excretions. But it is important that he should here speak for himself. "It is to be particularly observed that, during the cold stage of fever, there seems to be *a spasm* induced every where on the extremities of the arteries, and more especially of those upon the surface of the body. This appears from the suppression of all excretions, and from the shrinking of the external parts; and although this may, perhaps, be imputed, in part, to the weaker action of the heart, in propelling the blood into the extreme vessels, yet, as these symptoms often continue after the action of the heart is restored, there is reason to believe, that a spasmodic constriction has taken place; that it subsists for some time, and supports the hot stage; for this stage ceases with the flowing of the sweat, and the return of other excretions, which are marks of the relaxation of vessels formerly constricted."—*Par.* 40. In the 41st par. he speaks more distinctly of his idea of fever in the following terms.—

* It must be remembered, that Cullen's doctrines of fever and inflammation are nearly the same.

"That a spasm of the extreme vessels, however induced, proves an irritation to the heart and arteries; and that this continues till the spasm is relaxed or overcome;" and this spasm, therefore, he considers "as a principal part in the proximate cause of fever." Although puzzled as to "the cause of the spasm, whether it be directly produced by the remote causes of fever, or if it be only a part of the operation of the vis medicatrix Naturæ," but he embraces the latter opinion, and, by doing so, he is at least consistent, by substituting one difficulty for another, perhaps still more involved in mystery.

Before I make any farther remarks, I must quote the whole of the 46th, and the first part of the 47th paragraph, to shew my reader Cullen's distinct opinions. "Upon the whole, our doctrine of fever is explicitly this:—The remote causes, are certain sedative powers applied to the nervous system, which, diminishing the energy of the brain, thereby produces a debility in the whole of the functions, and particularly in the action of the extreme vessels. Such, however, is, at the same time, the nature of the animal economy, that this debility proves an indirect stimulus to the sanguiferous system; whence, by the intervention of the cold stage, and spasm connected with it, the action of the heart and large arteries is increased, and continues so, till it has had the effect of restoring the energy of the brain, of extending this energy to the extreme vessels, of restoring their action, and thereby especially *overcoming the spasm* affecting them; upon the removal of which, the excretion of sweat, and other marks of the relaxation of excretions, take place. This doctrine will, as I suppose, serve to explain, not only the nature of fever in general, but also the various cases of it which occur."

I shall now proceed to comment upon these passages, and I promise my reader to be very plain, and, I hope, intelligible in my statements, and as short as possible.

The term, "diminished energy of the brain," is so often used by Cullen, that I cannot avoid making one or two remarks upon it, and more particularly, as it is a principal part of the foundation of his doctrines. It is one of those vague terms employed in medicine, to express a great deal more than any one actually knows, but which explains nothing. It is one of those expressions, which satisfies the youthful mind by blinding it, and it prevents inquiry. We know nothing of the natural energy of the brain, or in what it consists, or how it is propagated; therefore we are in total ignorance of the precise meaning of "diminished energy." This plain objection to the term must shew the utter absurdity of assuming a mere idea as a fact, and placing it as the key-stone of any set of doctrines, to explain the nature and seat of a disease.

As to debility, which Cullen founds so much upon, I have only to observe, that he and many others confound debility, or actual weakness, with oppression and obstructed action, produced by functional diseases of various organs, and also by irregular determinations of blood, causing venous congestion in vital parts. It is not like the debility which takes place consequent upon great losses of blood, starvation, a protracted disease, an alteration of structure of any part of the body. It is mere oppression, produced by the lost balance between the arterial and venous systems. The moment that is restored, the overpowering sensations of weakness vanish, and by the agency, be it remembered, of a remedy *directly* debilitating.

It is, also worthy, of remark, that the sedative causes which Cullen has brought into play, produce nearly, if not entirely, the same consequences on the human body, as any external or internal irritation, the failure of any viscus in the performance of its proper functions. A scald, a blister, the long continuance of drastic purges, the sudden drying up of an old sore, or the recession of an old eruption, all these causes, and many others, occasionally produce febrile action: in fact, these opposite circumstances produce the same phenomena, exactly the same combination of symptoms, the diseases run the same course, and they have the same termination. It must, also, be mentioned, that the same phenomena are also produced by the direct application of a stimulant, with the exception of the cold stage. But it can easily be proved, that diametrically opposite causes will produce the same effects upon the human body. A piece of frozen mercury will occasion the same effects as red hot iron—and the sensation caused by both is exactly simi-

lar. The former acts by the sudden reduction of temperature of the part—the latter, by the sudden application of too much caloric. The limits of an article in a journal will not permit me to enlarge on each of these points; it is too evident they cannot be explained in a satisfactory manner by the doctrines of Cullen, however modified. I shall content myself with one or two examples. Let us observe what takes place where an important organ is impeded in its functions. If the organ is very important to life, all other organs, and, indeed, every part of the body, must be speedily affected, and a general commotion will take place in the system, unless the change has been effected very, very slowly indeed. If an organ is labouring under acute disease, every other organ must also speedily suffer, from the want of the necessary and natural supply of arterial blood, to enable it to perform its proper functions, and, hence, a general commotion in the system will follow: if it should be an excreting organ, something is retained in the blood, which acts like a poison on the rest of the system, and a general commotion will be excited, and kept up. Under all these circumstances, the brain may suffer, either in its functions or structure; but it does so along with the respiratory, circulating, biliary, and urinary organs; it is difficult, if not perfectly impossible, in most cases, to determine which part has been first affected: they are parts of the same machinery, they act and re-act on each other. Perhaps, generally speaking, the first circumstance observed in fever, is want of appetite, next to it nausea, and bad state of bowels, or a morbid condition of the urine. It is difficult to say which is the first link in the chain of diseased action, because the sudden disorder of one function, leads immediately to that of others.

Let me now ask, if it is necessary to go further into the explanation, to enable us to apply our remedial agents? I think not. But as many individuals, for whom I entertain a high degree of respect, think otherwise, and allege that they not only approve, but act upon Cullen's doctrines, I shall state a few cases, for the purpose of shewing the superiority of the common-sense views over the doctrines of Cullen, for all useful, and even scientific purposes.

A. B. having fallen into deep water, and being nearly drowned from long immersion, is at length rescued from a watery grave. A medical man is called to him, who finds the respiration almost suspended—the surface cold—no pulse at the wrist—total insensibility. The proper means are applied; the pulse rises, respiration becomes stronger, the heat of surface is restored, and, in fact, recovery goes on; but, in a few hours, a high fever supervenes. A practical man, who disregards all system, will say, "my patient is nearly dead; had he remained longer in the water, he must have died from want of breath. The blood has fled from the surface: there has been no loss of blood; the man has the same quantity of vital fluid in the body now, as before he fell into the water. Where has the blood gone to? Internal parts are gorged, the balance between the arterial and venous systems is lost: I must rouse the action of the heart by stimulants—restore the heat of surface by every possible means, and, having gained so much, the best thing I can do for my patient is to open a vein, to assist Nature in the struggle, by removing the congestion more quickly and effectually than she can do, if left to her own efforts."

The same phenomena are produced by breathing foul air. Two men, employed, at some distance below the surface, in cleaning out an old neglected well, came in contact with impure air; one fell a victim immediately, and was taken out quite dead—the other was extricated with difficulty; he was in a state of insensibility—the respiration was feeble and oppressed—the pulse so weak as not to be felt at the wrist—the surface cold; he had, in fact, the same symptoms as the individual who had been immersed in water. Proper remedies were applied, and he recovered, but experienced, also, a severe fever, which might have been called *a typhus gravior*.

In both these instances, the sudden impediment to the function of respiration produced the whole mischief. The causes were different, but the effects were similar in every respect. The common-sense views in these cases answer every practical purpose, but let us try to apply the doctrines of Cullen, and their folly will be too evident to require comment. "Certain sedative powers were applied in these cases: they produced diminished energy

of the brain, causing debility, which (as a necessary consequence) produced spasm (*i.e.* undue contraction) of the extreme vessels every where; this *debility* produces *strength*, which rouses the action of the heart, this action of the heart continues till it has had the effect of restoring the energy of the brain—this energy of the brain will then be extended to the extreme vessels, restore their natural actions, overcome the *spasm* which had affected them, upon the removal of which the excretion of sweat will take place, and other marks of the relaxation of the excretories." Let us ask ourselves again, whether Cullen's doctrines, or the common-sense views, will be of most assistance in the treatment? I may here further remark, that those who still pursue Cullen's erroneous system will be in danger of puzzling themselves by endeavouring to find out the *causes*, which are named proximate, remote, and exciting. The proximate cause has already been discussed; it is, as I understand it, the disease itself. But they will try to discover the others. What made the man fall into the water? Was it from diminished energy of the brain, producing debility of the lower extremities in particular, or vertigo —or did he stumble by kicking his foot against a stone?—or, did a miscreant purposely push him into the water with criminal intent. In the other case they will try to enquire into the composition of the foul air. How did he go into the well? How long was he in it? Did he descend in a bucket, or by means of a ladder? These are all points of laudable curiosity no doubt; but, let me suppose that the medical man did obtain the precise information, what advantage would it be to the patient? We are called upon to treat the effects, and not the causes.

I have often seen fevers of the most severe kind, and I have several under my care at this present moment, produced by individuals bathing in the open sea, at a time, too, when in the enjoyment of perfect health. They remained too long in the water, which produced, in the first instance, a complete cold stage, by driving the blood from the surface, followed by reaction. Would it not be the height of folly to explain the nature and seat of the disease, by stating that there was, in the first instance, debility and diminished energy of the brain by the application of a sedative cause, producing spasm of the extreme vessels, &c. &c.

It has already been shown, that Cullen and others have always confounded real debility with oppression from obstructed action. But, granting that real debility is as regular an agent as Cullen could wish, in the production of fever, let his disciples answer three simple questions.

1*st*. Why does not debility, produced by so many different causes, invariably, or even pretty generally, induce the phenomena of fever?

2*dly*. At what period of fever does debility exist in the greatest degree? and, 3*dly*, If debility is admitted as a necessary part of the proximate cause of fever, or, in intelligible language, as a part of the disease itself, why should the combination of symptoms denominated fever ever end?

Cullen distinctly ascribes spasm of the extreme vessels to debility, and this spasm of the extreme vessels is also, according to him, a part of the disease itself. It is really curious to observe all that he and his disciples have attributed to debility and to spasm. His highly gifted and accomplished successor, Dr. Gregory, stated constantly in his lectures, that he had "no doubt the causes producing fever act first by producing debility, and accordingly we find, said he, that stimulants employed at this period have often produced good effects in checking the disease, while evacuations, such as bloodletting, which at another period of the disease might have been proper, if employed in this first stage, *never fails* to be attended with most dangerous consequences, or it is, to use the words of Celsus, '*hominem jugulare!*'" "*The heart partakes of this debility also, and syncope frequently follows; this debility of the heart produces an accumulation of blood in the great vessels, and this occasions that unusual motion of the organs of respiration —yawning.*" "*The tremors depend partly, but not wholly, on debility.*" "*Difficulty of breathing is to be attributed to debility of all the muscles of respiration.*" "*Want of appetite, nausea, and vomiting, are owing to debility of the muscular fibres of the stomach.*" "*Costiveness is produced partly by debility and partly by spasm.*" "*Failure of attention and memory, and also delirium, are owing to debility.*" In fact, Cullen's definition of fever, founded

not on matter of fact, but on theory, compelled him and his followers to adopt such views, and others quite as erroneous. "Progressis languore, lassitudine, et aliis debilitatis signis, pyrexia, sine morbo locali primario." Such is Cullen's definition of fever. Is it possible, after all the light which has been shed by morbid anatomy on the nature and seat of diseases, and the improvements which have taken place within these few years in pathology; I ask, is it possible, that candidates for the highest honour in medicine are compelled to burden their minds with the recollection of such trash, and to learn by heart Cullen's Nosology and Cullen's definitions? The symptoms of all diseases, and particularly of fever, have a very wide range of character; therefore definitions drawn from the symptoms cannot hold good. This method has been the means of fostering a symptomatical pathology; so much so, that I often see medical men, admirers of this system, pronounce a diagnosis upon the presence or absence of *one symptom*; and I see others fix upon one symptom, which they have treated as the disease itself. Two examples will suffice. Cough is not a disease, it is only a symptom of a number of diseases; yet, how often do we see cough treated in the exanthematous disease for instance, also in pertussis, in pure bronchitis, and in phthisis, in which affections the cough is a blessing to the patient, because speedy death would sometimes take place if the matter secreted in the air-passages were not quickly expelled. Neither is asthma a disease—it is only a symptom produced by several morbid conditions of the lungs, heart, and large vessels, &c. but the most frequent cause of asthma is chronic bronchitis. But, to proceed more closely with the doctrines of Cullen, I have to state that Dr. Gregory used to say in his lectures, "The first stage of fever cannot be owing merely to debility, there must be something else. This I have no scruple in referring to *spastic stricture* of the extreme vessels." And again, after describing the symptoms, he stated, "I have no scruple in referring these symptoms to spasm of the extreme vessels; for, although many of these vessels are not above $\frac{1}{3000}$ part of an inch in diameter, and are not capable of admitting red particles, we must *suppose them supplied with muscular fibres, although this cannot be proved by anatomy, on account of their smallness.*" "There seems also (said he) to be a spasm of the small vessels of the internal parts, but, on account of the *congestion*, this is sooner relaxed than that of the external parts; and, from the relaxation, I think we may account for the vomiting of bile, &c. &c. *and even of black blood.*" He also attributed the thirst to spasm of the vessels of the mouth. "The urine, in the cold stage, is colourless, evidently owing to the constriction of the vessels, allowing none but the watery parts to pass."*

These passages were quoted with the view of shewing the low state of pathology in this University, even so lately as 1820, also the influence of authority in medicine, and that Dr. Gregory entertained the doctrines of Cullen to the fullest extent. Every one in practice must have seen cases of fever, in which copious perspiration continued from the beginning to the termination of the disease in death. Let me ask, what became of the doctrine of spasm of the extreme vessels in these cases? In intermittent fever the most certain method of producing a protracted disease is to allow the patient to sweat away in bed. Rheumatic fever, treated in the old way of sweating the patient for 14 days, did not, in most cases, reduce the febrile action; on the contrary, I have seen many individuals become more and more feverish under such management. Cullen himself, in treating of the practice of sweating in fever, and the arguments used against such a plan, makes the following observations:—"Thus, sweating employed to prevent intermittent fevers has often changed them into a continued fever, which is always dangerous. The utility of this practice (of sweating in fevers) is further doubtful, because sweating, *when it happens, does not always give a final determination*; as must be manifest in the case of intermittents, as well as in many continued fevers, which are sometimes in the beginning *attended with sweatings, that do not prove final; and, on the contrary, whether spontaneous or excited by art, seem often to aggravate the disease.*"—Par. 164.

* These statements are extracted from a beautiful copy of Dr. Gregory's Lectures in MS. taken by the late Dr. *Kenny*.

He then proceeds, in the following paragraphs, to state the circumstances in which sweating is to be avoided, and his reasons why it is injurious in some cases; and in the 166th paragraph he is compelled to make the following clumsy explanation:—"In these cases, it is probable, that either an inflammatory diathesis is produced, which increases the spasm on the extreme vessels, or that, from other causes, *the spasm is too much fixed* to yield easily to the increased action of the heart and arteries; and, upon either supposition, it must be obvious, that urging the sweat, is ready to produce a hurtful *determination to some of the internal parts*, and may be attended with very great danger." It is an axiom in life, that he who tells one falsehood is frequently under the necessity of sinning an hundred times to support the first error. In like manner, it will be seen, on a careful perusal of Cullen's whole system, that he is obliged, in every page, to commit outrages upon common sense to support his first error. Having formed certain opinions, he endeavours in vain to make the facts fit them. This is well seen, if his definitions of diseases are contrasted with nature at the bedside. I must crave a little patience from my readers, while I examine the plain unsophisticated meaning of the expression "*spasm of the extreme vessels*," as used by Cullen and others—the importance of this point will be presently admitted. I shall allow for the sake of argument, that the extreme vessels have mouths, even that they are $\frac{1}{1000}$ part of an inch in diameter, and that they are provided with muscular fibres, although even Dr. Gregory confesses no anatomist had ever seen them. Allowing all this, the term "*spasm of the extreme vessels*" surely means nothing else than *a morbid contraction* of these vessels. But Cullen, in the last sentence of the 44th paragraph, and likewise in the 45th also, speaks of an "atony of the extreme vessels." What is the meaning of this term? Is it not a *defect of muscular contraction* of the same vessels? Can these two opposite morbid conditions exist at the same time? Can a morbid contraction (spasm) and a morbid relaxation (atony) co-exist in the same vessels?—Gentle reader, if you feel your understanding rather insulted by these queries, the injury is not inflicted by me, but by Cullen and his disciples. Attend to Cullen's statement, first, with respect to the existence of spasm as an essential part of the proximate cause of fever. "The idea of fever, then, may be, that *a spasm of the extreme vessels*, however induced, proves an irritation to the heart and arteries, and that this continues till the *spasm is relaxed* or overcome," &c.—par. 41. And, again, in the 40th paragraph, as I have formerly shown, he speaks of an universal spasm on the extremities of the arteries during the cold stage; that this spasm continues and supports the hot stage, "for (says he) this stage ceases with the flowing of the sweat, and the return of other excretions, which are marks of the *relaxation of the vessels formerly constricted.*" But the following strange contradiction will be found in the last sentence of the 44th paragraph:—"From the whole we have now said on the subject, I think it is sufficiently probable, that the symptoms of anorexia, nausea, and vomiting, depend upon, and are a proof of, an *atony* subsisting in the extreme vessels on the surface of the body, and that this *atony*, therefore, now ascertained as a matter of fact, may be considered as a principal circumstance in the proximate cause of fever." This atony we suppose to depend upon a diminution of the energy of the brain, and that this takes place in fevers we conclude, not only from the debility prevailing in so many functions of the body mentioned above, but particularly from symptoms which are peculiar to the brain itself."

I deem it unnecessary to make any comment upon these strange and contradictory statements; they always surprised and confounded me when a student, and, however ingenious some people may still think the doctrines of Cullen, I cannot help expressing my honest conviction that they are downright nonsense. If Cullen meant any thing, it must be acknowledged to be erroneous, to say the very least of it. But, it may be said, he meant nothing. In either case, why should the profession cling to such a rotten system of pathology? It is necessary now to put two questions; 1st. to Teachers of Medicine. Why do you so generally laud this system, as being the most splendid edifice in medicine, and insist on students

learning by heart that which you, if you are successful practitioners, must have forgotten or neglected?

*2dly.* To Professors of Universities—Why do you still require such imperfect proof of a candidate's fitness to receive a license to go forth among His Majesty's lieges, unless you distinctly avow, at once, that it is for the purpose of doing that which Charles the Second alleged of Willis?

It is truly surprising, that Cullen, well as he must have been acquainted with the history and progress of medicine, in all its branches, should have avoided the path which had formerly led Hippocrates, and more lately Sydenham, to so much reputation and eminence, that their works will never cease to be read with interest and advantage. But, above all, it is wonderful that he should not have profited by the errors of those who preceded him. We find that when Hippocrates fairly applied his mind more to the observation of the effects of outward circumstances and inward irritations on the constitution and functions of the human frame, than to the abstract study of hidden causes, his labours were crowned with success; and he was still more fortunate in his researches, when he avoided, not only the superstitions of the times, but, also, the properties and agencies of matter, with which the study of diseases had been previously blended. His want of success is equally well displayed, when, by taking another track, he allowed his imagination its full swing, and indulged in hypothetical opinions. We shall find the same contrast throughout the whole history of medicine, not only in different characters, but in the same individual. Let it never be said, however, that Cullen was not a great man; he had certainly no original turn of mind, all his doctrines are copied from Boerhaave, Stall, and Hoffman—but the beauties of his style of writing and his ingenuity in being able to prop up a false system by mysterious expressions and by special pleading, will entitle his work to a place in the libraries of our successors to the latest posterity, as a literary production. Every medical man should certainly be well acquainted with Cullen's writings, but the work I am now speaking of, instead of being the first book put into the hands of students, ought to be the very last, for the same reason that a child is always taught good principles in the first instance, before he can be supposed to discriminate between good and evil.

It may be said by practical men, that they themselves have long ceased to think of his doctrines, that they can scarcely recollect one of his definitions, and that I have been contending against a straw. It is not so. Residing, as I do, at one of the greatest Medical Schools in Europe, I have reason to know, that Cullen's opinions are taught and supported by almost every Teacher of Physic but myself—his symptomatical pathology is as much lauded as formerly. The best proof of the truth of this is to be found in the fact, that Cullen's definitions, symptomatology, and nosological arrangement, are required as tests of the Graduate's attention and proficiency; and if any one dared to state, that they were erroneous and, therefore, he did not think it necessary to burden his memory with them, it is questionable, however good his reasons might be, whether he would be licensed to kill and to cure by any University in the British Empire. It will, also, be found, that the learned and laborious work of Dr. Mason Good inculcates Cullen's doctrines, and, notwithstanding the studied alteration of terms, no one can fail to discover, in every page, an old friend with a new face. And, above all, at this very moment, two new editions of Cullen are actually advertised as "in the press, to be speedily published." I may mention that my attention was called, very forcibly, to the subject of this paper a few years ago, when I began to teach the Practice of Physic. It was then my intention to publish a new edition, as a text book for my pupils, but I soon abandoned the task, because the additions necessary to bring the work to the present state of science, would far have exceeded the bulk of the text. Another, and a far stronger objection to such an undertaking, appeared to me to be, the absurdity, in the present improved state of pathology, of re-printing such a mass of error, and, also, of following his classification of diseases.

It will doubtless be said that, although the doctrines of Cullen may be founded in error, yet his system, as a whole, is good—his description of diseases excellent, and his practice ought still to be

pursued. My opinion is quite different on all these points, and I should be happy to join issue upon them at this opportunity, but the length to which this paper is already extended, forbids further comment than to beg the experienced pathological reader to refer to the work itself, with a view of ascertaining whether he can obtain sound views of the pathology of any disease from it. For example, let him peruse the Chapters on Phthisis—Pneumonic Inflammation—on Inflammatory Affections of the Abdomen—or, on Inflammation of the Brain :—To this last subject he devotes two pages and a half, while *Odontalgia* occupies no less than five !!

It may be asked by those who are not very well acquainted with the present state of advancement at which practical medicine has actually arrived, What good can accrue from the destruction of Cullen's System—have you a better to offer as an equivalent ?

All Systems which have hitherto been promulgated are too arbitrary to be useful at the bed-side, which is the only true test. I confess that I have no system of my own to offer in place of that which I hope to destroy. It is, indeed, my earnest wish to see a pathological System of Medicine established, but it can never be the work of one man ; fortunately, however, there is scarcely a corner in Europe or in America, in which there is not to be found some ardent cultivator of pathology, and it is by the efforts of the whole that the great and important task is to be completed. Rapid improvements have certainly been made of late years, but we must be patient in our investigation, for, until our knowledge of the structure and physiology of the nervous system is considerably advanced, we cannot hope to triumph over many difficulties which daily impede our progress. Under such circumstances, let us rather confess our ignorance and wait for an accumulation of facts, instead of using fallacious arguments, however ingenious, to bolster-up a false System.

31, *Albany Street, Edinburgh,*
10*th October*, 1827.

## POSTSCRIPT TO NO. XV.

*(December 20th, 1827.)*

*Mrs. Denmark's Case—tying the Subclavian Artery for Aneurism of the Innominata.*—Mr. Wardrop's Reports to the Lancet.

The first of these reports* contains Mr. Wardrop's opinions, as to the principles upon which the operation is likely to effect a cure, and as to the originality of his own views on this subject.

2dly. The result of his examination of Mrs. D.'s chest, previously to performing the operation.

3dly. The steps of the operation itself, and its immediate effects upon the aneurismal tumour.

*Second Report.*† This is dated 9th August, and informs us, that the wound was then perfectly healed, and that the patient had gone to the country, having been "brought, by the operation, from a state of great suffering to one of comparative health."

*Third Report.* This consists of Dr. Barry's letter‡ to Mr. W. containing the notes which that gentleman had taken of the state of Mrs. D.'s heart and great arteries, on the 6th July, the day before the operation.

The next account we have of Mrs. D. is given in a speech,§ made by Dr. Barry, at the Westminster Medical Society, on the 10th November. After stating that the clavicular tumour had subsided, and that the pains of the head, neck, and

* Lancet, No. 202.
† Lancet, No. 206.
‡ Lancet, No. 208.
§ Lancet, No. 220.

shoulder had disappeared, he concludes by observing, that the dyspnœa still continues, and seems to express some doubts as to whether the span of life is likely to be prolonged, in this case, by the operation.

*Fourth Report.** In this report, (the longest of the whole) Mr. Wardrop seems to consider Dr. Barry's modest statement as quite unworthy of the brilliancy of his success. He accordingly charges Dr. B. with having given a very imperfect account of the case, such as might mislead the public, and immediately publishes this fourth report, for the express purpose, as he declares, of saving the public from being misled. In this document, the history of the case is brought up to the 5th December. It is there stated, in the most unqualified terms, that, with the exception of a slight attack of bronchitis, which she had about a fortnight ago, the woman has continued to improve progressively ever since the operation, and that she is now perfectly cured.

We shall now briefly remark upon the different items of these reports.

First, then, the whole jet of the very prolix discussions which Mr. Wardrop has entered into in his first and fourth reports, as to the principles upon which he was led to perform the operation, is contained in the following sentence of Dr. Barry's speech.

"If, under these circumstances, (viz. aneurism of the innominata, with stoppage of the carotid) the subclavian be tied, a still less quantity of blood will be sent into the brachio-cephalic trunk, the motion is, consequently, diminished, and the cure, which Nature had commenced, is expedited."†

Mr. W. labours under a sad mistake, when, in order to shew the originality of his own views, he asserts that surgeons, up to the present day, "will insist," that a total stoppage of the circulation within the aneurismal bag, is indispensable to the formation of coagula, and consequent organization of fibrine. Cooper's Dictionary will settle this point.

Mr. W. takes to himself the credit of having noticed the imperfect dislocation and motion of the sternal end of the clavicle. The merit of this remark, if there be any in it, belongs to Dr. Barry alone.

With regard to the examinations of the chest, Mr. W. *after the most minute and careful examination with the stethoscope, and by percussion*, states, that the contents of the thorax were sound, except the innominata; yet he publishes Dr. Barry's notes, in which it is asserted that there was true aneurism of the aorta, as well as of the innominata. But, at the time these notes were sent to the Lancet, Dr. Barry's opinions, whether well founded or otherwise, could only add to the eclât of the operation, because the woman had been already reported as nearly, if not entirely cured.

We now come to the most important points of all, the final result of this operation, and the actual state of the patient who was the subject of it.

Immediately after we had seen Mr. W's. last report, we sought for, and found out, Mrs. Denmark. We saw her on the 12th December, and afterwards on the 16th. She was still alive, and may continue to live for some days. We examined her chest, and observed the symptoms under which she laboured with much attention. *There is aneurism of the aorta, in a very advanced state, pressing upon the bronchi and root of the trachea.* "Such is the successful termination, (says Mr. W. in his report dated the 5th Dec.) of an operation, the principles of which seem to me to be now perfectly understood, and completely established." We shall abstain from all further comment on this very extraordinary case, until Mr. W. shall have either reconciled the assertion just quoted, with the present most deplorable state of the patient, or, by delaying to do so, shall have left the world at liberty to form its own conjectures. We shall look forward with much interest, to the publication of Dr. Barry's Notes, alluded to in his Letter (to the Lancet) of the 15th December.

N.B. In our Fasciculus, for January, 15th, we shall offer some observations on the operation for aneurism, ultra tumorem, and *fear* we shall be obliged to give the conclusion of Mrs. Denmark's case.

21*st Dec.* 1827.

* Lancet, No. 223.
† Lancet, No. 220.

# INTELLIGENCE, &c.

## Dr. COOKE.

We have received a rather sharp remonstrance, amounting almost to a *reproof*, for a question which we asked the College of Physicians in our last number, namely, whether they could turn out a *more* erudite physician than Dr. Cooke, who never breathed the air of Oxford or Cambridge? It can hardly be supposed that we meant to hurt the feelings of Dr. Cooke by this allusion; and any thing we could now say by way of *retractation*, would probably make matters worse. In this dilemma we can only, like a true penitent, promise never so to offend again. We may be permitted, however, to remark that, as the question did not imply a *superiority*, but only an *equality* of erudition, on the part of Dr. Cooke, so we really imagine that the Doctor is too sensitive on this point, and that there is nothing in the passage which need render him uncomfortable as to his brother-fellows in the College. At all events, on our heads be the sin, and also the error—if we were in error.

## Mr. Guthrie's Action against the Lancet.

On the 18th December, after the lawyers had unfolded their briefs, at Guildhall, and all was clear for action, the proceedings were *suddenly* stopped, and the trial postponed till next term! The cause of this postponement is not, at present, (20th December) clearly ascertained, though rumours are afloat, to which we do not, in the present state of the business, consider ourselves bound to advert. We shall return to the subject in a short time.

## Literary Notices.

In the press, and speedily will be published, in royal octavo, with plates, Physiological Illustrations of the Organ of Hearing, more particularly of the Secretion of Cerumen, and its effects in rendering auditory perception accurate and acute, with further remarks on the Treatment of Diminution of Hearing, arising from imperfect Secretion, &c. with Cases: being a Sequel to the Guide, and to the Illustrations of Acoustic Surgery. By Thomas Buchanan, C.M.

In the press, and will be published in a few days, a Practical Treatise upon Stricture of the Rectum; illustrating, by Cases, the connexion of that Disease with Affections of the Urinary Organs, the Uterus, and with Piles. By Fred. Salmon, Surgeon to the General Dispensary, and formerly House-Surgeon to Saint Bartholomew's Hospital.

Dr. Armstrong is preparing for publication an octavo volume on the Remote Causes, Prevention, Nature, and Treatment of Diseases of the Stomach, Liver, and Bowels. This work, which will appear in the spring, will be preceded by a series of coloured drawings, in quarto, with copious letter-press, illustrative of the morbid anatomy of the stomach, liver, and bowels. They will be published in six monthly fasciculi, each containing about five plates accurately coloured from Nature: the first number will be ready early in December.

Mr. Grainger, Lecturer on Anatomy and Physiology, is preparing for publication the Elements of General Anatomy, in 1 vol. 8vo.

Mr. Dermott, Lecturer on Anatomy, has nearly ready the 4th number of his Anatomical Plates, comprising the Anatomy of the Abdominal Muscles, and the Parts immediately connected with Inguinal Hernia.

N. B. Books transmitted for review will be registered, as usual; but no literary notices will be inserted in the Fasciculi, except as advertisements on the cover. The Journal will be kept free from all matters not strictly connected with the Review and Periscope departments.

# ADDRESS

## *To the Subscribers of the Medico-Chirurgical Review.*

We earnestly solicit the attention of our readers to a subject which interests *them* at least as much as it does *ourselves*. In the first place, we beg to inform them that, ever since the commencement of our labours, it has been our uniform practice, to commit a new number to press on the very day that its predecessor had gone forth to the public. By this procedure, the editorial and typographical—or, in other words, the literary and mechanical, operations went on continuously and simultaneously through the quarter, at precisely the same rate, viz. three sheets, or 48 pages, every fortnight, so that neither the writers nor the printers had any relaxation at the beginning of the quarter, or any accumulation of labour towards its conclusion. This plan, which, we believe, is peculiar to ourselves, accorded with our habits of unremitting industry, and conduced much to order and punctuality at least, if not to many other useful ends. To it we owe much of our success—and from this plan we shall never deviate, so long as we continue journalists.

But we have had great reason to regret, that much of the benefit to which such a rigidly systematic discipline might fairly lay claim, was denied to us, by the regulation which consigned our *printed sheets* to the warehouse, during a space varying from *one to thirteen weeks* after they were worked off! Thus, our analyses of books—our analytical selections from foreign Journals—our commentaries on the various productions of the periodical press at home—and our observations on the passing events of the medical world around us, were kept from the light, by the slow phases of a quarterly publication, till we saw them more or less anticipated by cotemporaries, who had no other power for such anticipations, but what the mere *mechanical celerity* of their vehicles afforded them—and who, in short, forestalled us—"*non vi sed sæpe cadendo.*" We were thus brought into the field of competition for priority, with one or both our hands tied behind our backs. Under such disadvantages, it is wonderful that we should have stood our ground—much more that we should have advanced! A period, however, has arrived, when a variety of circumstances has induced us to claim the indulgence of being put on something like equal terms with our competitors—a claim which a British public has never yet denied, and which, we are confident, the medical profession will not withhold from us. We ask no more—nay, we ask not quite so much. We desire only that the *mecha-*

*nical facility* of laying before the public the results of our labours in a *certain manner or mode*, which quadrates with our habits of industry; and then, if we are found wanting in the balance of merit, we shall consent to be struck off the list of candidates for public patronage.

In making this request, we impose no pecuniary tribute on our subscribers—we alter not the size, the arrangement, the construction, the objects, or the price of our journal. We only ask that those printed sheets which lie from one to thirteen weeks in the printing-office, may appear in fasciculi, or parts, at *half-monthly*, as well as at *trimestral* periods. To those who startle at innovation, we would put this plain question:—Can there be any objection, that each packet or fasciculus of three sheets, or 48 pages, of this Journal, should go forth to those who wish to have it every fifteen days, (half-monthly) instead of remaining in the printing-office for the space of many weeks? Each packet or fasciculus will contain a sixth part of the quarterly Number, with the exact proportion of expence affixed; and these fasciculi will bind up, at the end of the quarter, in precisely the same form, size, and price as they have hitherto done—the subscribers having the option of taking in the parts *half-monthly*, or the entire Number at the end of each quarter. The proposition is so reasonable, that we cannot anticipate any valid objection to it; and we are convinced that the great majority of our readers will highly approve of a measure which carries with it not a single disadvantage, but a host of facilities for the rapid diffusion of professional information.

The products of the periodical press have multiplied, and are daily multiplying, at such a rate, as to render our Periscope a department of at least as much importance as that of our Analytical Reviews. On this account, each Number of the Journal has lately been divided into two nearly equal portions—which division will apply to the fasciculi with as much convenience as to the integral Numbers, and without the slightest disruption of any of their constituent plans or principles. The two divisions of Review and Periscope will be so arranged, by folios and signatures, as to fall into their respective places, at the completion of each number and volume, so that no difference whatever will appear to those who prefer the Journal in its quarterly form.

The above modification of publication has been rendered imperative by the taste of the times we live in, and with which taste we must and ought to comply. The present is a very inquisitive age—and, as far as medicine is concerned, it is rather a turbulent æra. Unhappily, our profession is torn with dissensions, and split into parties, which are irritated against each other by their respective organs of the press. Whatever good may ultimately result from these terrible collisions, it will not be denied, that much obloquy will fall on

the profession generally from the intemperance of the partizans. If ever there was a time, when an IMPARTIAL as well as independent journal was necessary for the peace and prosperity of medicine, this is the period. The term *independent* has lately indeed been usurped as signifying amenability to no law of honour, decorum, or justice—but the privilege of *abusing* all parties, except that of which the literary organ is the furious advocate. To this kind of *independence* we do not aspire. But we can fearlessly aver, that this Journal is the *organ of no party*. Our objects are the advancement of knowledge, the harmony, and consequently the respectability of medical practitioners, the reform of abuses, the protection of private character, the exposure of public delinquencies. The promotion of all these desirable objects will be much accelerated by the facilities which the *mode* of publication now contemplated will afford us; and so confident are we that the utility of this measure will appear unequivocally, from the moment it is put in execution, that we shall appeal at once to the experimentum crucis—the test of experience.*

In the mean time we have one very earnest request to make, namely, that our subscribers will give positive instructions to their own respective booksellers, to *immediately* order the parts or fasciculi (for the first and fifteenth of every month) from their London correspondents, in order that we may be early enabled to calculate on the number to be done up in *half-monthly parts*, and the number to be left for the *quarterly* form. The first part of No. XVI. will be published on the 15th January, 1828; but orders should be given for it by the country-booksellers, by the *very first correspondence* they have with the London houses. We shall consider the *early* attention of our subscribers to this point as a personal favour conferred on ourselves, which we will gratefully remember. More depends on this *punctuality* of our subscribers than they can possibly be aware of, and we do calculate on an indulgence in this respect, which imposes no inconvenience on *them*, and will confer an important favour on *us*.

We have only to add one remark, addressed to our cotemporaries. It is

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* Among the many advantages which will result from this mode of publication in *half-monthly* fasciculi, one very important one will accrue to medical societies and book-clubs, now so numerous over the kingdom—namely, the facility of distributing these fasciculi among the members at short periods through the quarter, thus obviating the delay and inconvenience attending the quarterly distribution, and the hurried perusal of a work, each number of which, now equals a good sized octavo volume. This will be a most important advantage to societies, as well as to individuals. Men, in the bustle of private practice, will read a fasciculus, when the size of a quarterly number would deter them from immediate perusal. By this improved mode of circulation, therefore, we shall attain all the advantages of early information, and facility of future reference.

this—that we adopt the new modification of publication with no view or intention of trenching on the departments which they have struck out for themselves. We repeat it, that we shall alter not one tittle of the present arrangement or construction of this Journal, which, on the improved plan of half-monthly and quarterly distribution, we believe to be, of all others, the best calculated to diffuse *select useful* information through all classes of the profession. Our work will still continue a REVIEW of books and PERISCOPE of journals—and not a vehicle for the publication of original dissertations, elementary lectures, &c. for which there are many other periodicals. In bringing the products of our literary labours into the public market, at those periods which we deem most advantageous for our readers and ourselves, we wage no war on our contemporaries; while we *avowedly* compete with all and each of them in the useful occupation of collecting and concentrating the greatest quantity of practical matter into the smallest space. At the same time we will, most assuredly, direct all the power of legitimate criticism, which in us lies, (and that in a fair, open, and, we hope, fearless manner,) against error, misrepresentation, abuses, and *abuse*;—in short, against every thing, publicly printed, which we conceive to be contrary to sound principles of theory and practice, or subversive of that dignity, good faith, and liberality, which should characterise the productions of the medical press.*

We claim no exemption from criticism, and expect no indulgence for our errors. We will freely censure and freely commend—but we are determined not to be drawn into vulgar abuse on one hand, nor fulsome adulation of *partizans* on the other. In all our commentaries the support of TRUTH shall be our first object, and the detection of error our second. By our past and future labours the public will be enabled to judge how far we are competent to the task.

N.B. All articles EXTRA LIMITES, (that is, beyond the three sheets of which each Fasciculus will consist,) must be entirely at the private expence of the writers. We should prefer, indeed, that the authors would print those articles in their own way, and send them to our publisher, who will circulate them with the Journal.

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* As we are enlisted under no banners but those of TRUTH and JUSTICE—we uphold not the sic volo sic jubeo institutions of overbearing medical aristocrasies—nor will we try to inflame the passions of wild and brawling democrats, who would set the whole profession in arms against each other, and thus lower them in the eyes of all enlightened people in this and other countries, solely for the purpose of puffing off a small faction, and filling the coffers of an individual.

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THE

# Medico-Chirurgical Review,

## No. XVI.

[FASCICULUS I.]

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### Art. I.

*Eclectic Review of the Etiology, Pathology, Diagnosis, and Treatment of Peripneumony.**

WHATEVER may be the case in the more genial climates of the earth, there can be no doubt that, under the gloomy skies of northern Europe, and especially of England, inflammation of the respiratory apparatus, acute and chronic, is at least three times more destructive of human life, than that of any other internal organ of the body. If we take into consideration the development of tubercles, and, consequently, of pulmonary phthisis, as materially influenced, if not produced, by peripneumonic inflammation, the ratio of its fatality will be greatly increased, and the importance of its study rendered more conspicuous. Common as is the disease in this country, we venture to affirm, that there are few internal inflammations in which more mistakes are made, as regards the seat, the extent, or the stage of the malady. Yet, on an accurate knowledge of these hinges the proper and successful treatment—and on the absence of this knowledge hangs the fate of the patient—sometimes the reputation of the practitioner.

If these observations be founded in truth, the utility of widely diffusing a rather extended article on this important subject will not be disputed. It is the first of a series of ECLECTIC REVIEWS on the more important diseases to which we are liable, and in which series we shall endeavour to concentrate the best information which literary research, modern pathology, and practical observation can yield.

It is well known that Cullen and Frank combined pleurisy and peripneumony, as either indistinguishable, or useless to be distinguished. Nothing can be more erroneous or improper than either of these conclusions. Dr. Good acknow-

* Laennec's Work—Dr. Forbes' Notes to Translation—Louis—Andral—Broussais, &c. &c.

ledged this; but his distinctive characters, contained in a few lines of the few pages dedicated to so important a disease, are totally inadequate, as founded on the plus or minus in certain symptoms, viz. the pulse, the respiration, the colour of the face, the cough, the expectoration, and the pain. Laennec goes on a much more accurate and scientific plan, investigating the disease through the medium of its anatomical characters, and its external physical signs, including auscultation and percussion. Him, therefore, we will chiefly follow in this article. The talented pathologist in question treats of peripneumony (by which he means exclusively inflammation of the pulmonary substance) under the following heads —acute peripneumony—partial peripneumony, and pulmonary abscess—gangrene of the lungs—chronic peripneumony—latent and symptomatic peripneumony.

## I.—ANATOMICAL CHARACTERS OF ACUTE PNEUMONIA.

These are divided by Laennec into three stages or degrees, distinctly marked, and easily recognized, viz. engorgement, hepatization, and infiltration.

1. ENGORGEMENT. "In this degree, the lung is externally of a livid or violet hue, heavier, and much more solid than natural. It is, however, still crepitous, but much less so than in a sound state, and, on pressing it between the fingers, we perceive that it is injected by a liquid. It retains the impression of the fingers nearly like an œdematous limb. When cut into, it appears of a livid or blood colour, is quite injected with a frothy serous fluid, more or less sanguineous, which flows from it abundantly. We can still, however, discover very clearly the natural alveolar and spongy texture of the viscus, except in some points, where the obstruction is more solid and compact, indicating the transition from the first to the second degree of peripneumony."

2. HEPATIZATION. In this stage, the lung has lost its crepitous feel, and resembles liver. It is often less livid externally than in engorgement, but exhibits internally a greater or less degree of redness, varying, in different parts, from violet-grey to blood-red, thus resembling some kinds of variegated marble, and contrasting strongly with the bronchia, the blood-vessels, the specks of black pulmonary matter, and the membranous partitions. If portions of lung in this state be cut into slices, hardly any fluid exudes; but if the incised surfaces are scraped with a scalpel, some bloody turbid serum is procured, intermixed with a whitish and puriform fluid. If inspected in a proper light, the pulmonary structure presents a granular aspect, instead of a cellular appearance. This is considered the characteristic anatomical feature of inflammation of the lung as discriminating it from tuberculation. The granular texture is still more observable when a portion of hepatized lung is torn. The granulation is produced by the conversion of the air-cells into solid bodies, with thickening of their parietes, and obliteration of their cavities by a concrete fluid. The hepatized lung seems, but is not really, larger than natural. The affected side does not measure more than the other—which is not the case in pleurisy.

3. INFILTRATION. "In this stage, the substance of the lung has the same degree of hardness, and the granular appearance above described, but is of a yellowish-pale, or straw colour. At first, the pus, as it begins to form, appears in small detached yellow points, increasing the motley-coloured shading formerly noticed. These points gradually combine, and the whole lung finally assumes a uniform straw, or lemon-yellow colour, and when incised exudes, in greater or less quantity, a yellow opaque, viscid matter, evidently purulent, but much less offensive to the smell than the pus of an external wound. In this state, the pulmonary substance is much more

humid and softer than in the red hepatization. The granulated texture gradually disappears as the purulent softening advances: and even before this latter stage has attained its acmé, the parenchyma of the lungs gives way beneath the fingers like a soft clot. When the lung contains much black pulmonary matter, as is very commonly the case in adults and old persons, both the pus and the pulmonary substance assume an ash-grey colour, which has been recently denominated by some writers *grey hepatization.**"

The state above described is, strictly speaking, suppuration of the lung—the rare cases in which the pus is collected into a focus, constituting abscess, will be hereafter noticed.

The three stages or degrees are very commonly combined in various ways. Thus, one lung will be inflamed in the third degree throughout, while the other presents portions in the first or second stage. Nay, the three degrees are found in the same lung, partitioning it into zones, strongly contrasted, or insensibly blending into each other. Sometimes these indurations are precisely circumscribed by a pulmonary lobule; and in children especially, we occasionally find dispersed in the centre of the lungs, a certain number of lobules, arrived at the state of hepatization, while those immediately surrounding them are perfectly sound.

The lower portions of lungs are those most commonly occupied by peripneumony—a fact confirmed by Andral, who, in 88 cases of pneumonia, found 47 where the inferior lobe was affected—30 in which the upper was the seat of the disease—and 11 in which the whole lung was hepatized. Broussais, who is always opposed to Laennec, does not admit the proposition of the latter in its fullest extent—and Frank's experience is in the opposite direction. He found the upper more frequently affected than the inferior lobes—but Laennec is probably nearer the truth than any of them.

As might be expected, we never find the whole of both lungs inflamed in the third, or even in the second degree. Respiration could not be carried on till such a state obtained. But it is not uncommon to meet with one whole lung, and more than half the other, quite impervious to air. On the other hand, death often takes place before a fourth part of the respiratory apparatus becomes inflamed in any degree—shewing, as many other facts do, that death is frequently induced by exhaustion of the vital principle, rather than by the extent or intensity of the organic lesion. Morgagni, Baglivi, and many others, in former times, as well as Laennec, Andral, and recent pathologists, have observed that the right lung is much more frequently the seat of disease, of all kinds, than the left. This is hard to be accounted for, but it is a fact.

4. ABSCESS IN THE LUNGS. Notwithstanding the opinions of ancients and moderns to the contrary, there is no organic lesion more uncommon than abscess, or what is termed vomica of the lungs. This vomica is, in reality, "the result of the softening of a large mass of tuberculous matter." In several hundred dissections of peripneumonia, made in a period of 20 years, M. Laennec has not met with more than five or six instances of "a collection of pus in an inflamed lung." These were not numerous, or of large extent in the same lung. They were dispersed in different parts of lungs arrived at the third stage (infil-

* "This term, which is incorrectly applied to the state described in the text, inasmuch as the colour is not *grey*, but *yellow-greyish*, or *ash-coloured*, is moreover improper, being applied to other morbid conditions of the lungs.—*Author.*"

tration) of inflammation. The parietes of these purulent depots were formed by the pulmonary tissue, infiltrated with pus, and in a state of soft disorganization, gradually decreasing as the centre was receded from.

"When we forcibly drag," says M. Laennec, "from the cavity of the chest an inflamed lung, attached to the costal pleura by old cellular adhesions, it frequently happens that the parts most infiltrated with pus give way under the fingers, or, without suffering any external wound, yield internally under the pressure, so as to form a soft sanious mass, which an inattentive observer might mistake for a collection of pus: if cases of this kind were received as instances of pulmonary abscess, nothing would be more common. Once only, during the space of time above-mentioned, have I seen a collection of pus in the lungs, of considerable extent. This was situated in the middle of the lung anteriorly, was flat and elongated, and would have contained three fingers. The walls of this abscess had, properly speaking, no surface, the pus being observed gradually to pass into a purulent detritus, and this into a firmer tissue, still loaded with pus, as we receded from the centre of the collection: and, at length, about half an inch from the matter, the purulent infiltration was not greater than it usually is in the third stage of the pulmonary inflammation. In this case, as in all the rest where abscess was found, the inflammation occupied only a part of one lung. This circumstance may help to account for the infrequency of collections of pus in the lungs, as cases of partial peripneumony usually yield either to nature or art, while an affection of great extent produces death, before the purulent infiltration is so far advanced as to form, by the destruction of the tissue containing it, distinct collections of pus."—*Forbes' Trans.*

The testimony of Broussais and Andral is very strong on this point. English pathologists, including Baillie himself, have fallen into numerous errors respecting pulmonary abscess, clearly from want of that minute attention to morbid alterations which characterizes the researches of the moderns, and especially of the Continental physicians.

There have been only two instances of pulmonary abscess presented to the public, during the last twenty years, by the French pathologists. In a preparation shewn by M. Honoré to the Royal Academy, there existed, in the centre of a hepatized lobe, an excavation filled with pus, and capable of containing a middle-sized apple. The patient had died of acute pneumonia. The other instance is given by M. Andral, and occurred in a man who died on the 19th day of pulmonic inflammation. The middle and lower lobes, on the right side, were in a state of purulent infiltration; and, towards the middle of the lower lobe, the tissue was found degenerated into a kind of paste, in the centre of which there was found pure pus. It is evident how much these differ from the softening down of tubercles.

"In these last, although the colour and appearance of the tuberculous matter are, in some cases, pretty much like those of pus, they generally differ, in containing tuberculous fragments, of a friable consistence. Besides the exact circumscription of the tuberculous excavations, the solidity of their walls, the soft false membrane with which these are constantly lined, and the semi-cartilaginous membrane which occasionally succeeds to this, suffice to discriminate these from the purulent collections above described; independently of the difference of the stethoscopic signs, which characterize them respectively in the living body."

Notwithstanding this rarity of pulmonary abscess, M. Laennec has met with two or three cases of enormous excavations, occupying nearly the whole of one lung, not apparently originating in softened tubercles.

RESOLUTION OF PERIPNEUMONY. Let it be remembered that our talented pathologist is still speaking in the language of morbid anatomy. When reso-

lution takes place before the inflammation has reached the second stage, the effused blood is absorbed, and the pulmonary structure appears sound, but red, as if dyed. If the inflammation had reached the second stage, (hepatization) the indurated parts become of a pale reddish colour, the natural appearance of the lungs. But while this salutary change is taking place, the texture of the part becomes softer, more humid, and, when cut into, exudes more serum than blood —the serum being at first intermixed with small air-bubbles, gradually becoming more frothy. The granular aspect of the part disappears, and the cellular vesicular character returns—till, at last, the pulmonary tissue resumes its natural dryness and colour, though still, for some time, remaining firmer, more elastic, and heavier than healthy lung. Resolution, however, seldom returns equally in all the inflamed parts—some spots remaining harder than others for a certain time.

Even when pulmonic inflammation has reached the third stage, (purulent inflammation) Laennec affirms that resolution is possible, the pus becoming absorbed, without any disorganization of the lung remaining, except a degree of density. It is slightly crepitous, and does not always sink in water; but, when incised, the surfaces are still of a dirty-yellow, or green colour, very different from that of sound lung. If resolution be far advanced, this colour is the only remaining mark of previous inflammation. Before Laennec began to use emetic tartar in pneumonia, he had frequent opportunities of examining the bodies of those who died of the disease; but latterly he asserts that he lost very few indeed, except where there was another and more dangerous concomitant disease, as of the heart.

DURATION OF PERIPNEUMONY. Our author has frequently seen the first degree of acute peripneumony continue for seven or eight days, affecting the whole of one lung and part of the other, terminating fatally before the occurrence of distinct hepatization. Such result was very common in the epidemic of 1803—4. This was the case where bleeding had been largely used, and where it had not been used at all. In other cases, however, especially where pneumonia attacks debilitated subjects, or supervenes on other severe maladies, the third stage, or purulent infiltration, will sometimes take place in 36, or even 24 hours.

"With the exceptions just stated, I think we may fix the duration of the different stages of peripneumony as follows: the obstruction, or first stage, usually lasts from twelve hours to three days, before passing to the state of complete hepatization; this lasts from one to three days before spots of purulent infiltration make their appearance; and the period of suppuration (from the time when the concrete purulent infiltration is distinctly perceptible, until this is completely softened to a viscid fluid) varies from two to six days. Bloodletting, derivatives, and resolvents or stimulants of the absorbent system, obviously retard the progress of the disease, and consequently prolong the period of the first two stages. Convalescence is rapid in proportion as the inflammation is of small extent and has been early checked."

It may be observed, that the mucous membrane of the bronchia is generally very red in the inflamed portions of lung, and sometimes thickened.

## II.—SYMPTOMATOLOGY.

We now come to the physical signs, as revealed by auscultation, percussion, &c. and, also, to the common symptoms of pulmonic inflammation. Before

morbid anatomy had made its recent advances, pneumonia was considered a disease very easily cognizable; but this is very far from being the case, except where it is uncomplicated and has made much progress. In its commencement, and when complicated with other affections, it is latent or masked, because its symptoms are common to other diseases as well as to pneumonia.

1. PHYSICAL SIGNS. The crepitous rattle is the pathognomonic sign of the first stage; being perceptible from the very beginning of the inflammation. At this time, it seems hardly to possess the character of humidity. The respiratory sound is still heard distinctly, combined with the crepitous rattle; and percussion affords the natural resonance. The extent over which the ear or the stethoscope detects the rattle or wheeze, indicates the extent of the inflammation. This is frequently not greater than the diameter of the instrument. The further we remove the cylinder from the point affected, the râle becomes more obscure, and ceases altogether at two or three inches from the inflammation. In proportion as the obstruction increases, and verges towards hepatization, the rattle becomes moister and less uniform—the respiratory sound, which formerly accompanied it, dies away; and, at last, as hepatization takes place, the rattle itself ceases to be heard.* At this period, the sound, on percussion, does not differ materially from that of health, unless the obstruction is very extensive, and verging on the second stage, that of hepatization, in which case, it becomes somewhat more obscure. This is, also, the case in pretty extensive engorgements of the lower portions of right lung, where the sound is always obscure, on account of the presence of the liver.

Such, then, are the physical signs of peripneumony in the first stage—the "râle crepitant" being unquestionably the surest indication of its existence. It obtains from the very beginning, and is not present in any other disease, except œdema of the lungs and pulmonary apoplexy, which are easily distinguished by their proper signs. M. Laennec thinks M. Andral in error, when he observes that the crepitous rattle sometimes exists in simple acute bronchitis. Of all the stethoscopic signs, the crepitous rattle is perhaps the most useful, in a practical point of view, as pointing out, in the very earliest stage, one of the most severe and most common diseases, thereby enabling the physician to apply the remedy with much more chance of success than even a few hours later.

When the inflammation has reached the second stage, the crepitous rattle and also the respiratory sound disappear—and this disappearance is often the only indication we have of the occurrence of hepatization. Bronchophonism (the sound of the voice coming through the cylinder, something like pectoriloquism) exists in certain cases, particularly if the inflammation is seated near the roots of the lungs, or in the upper lobes, where the tubes are largest. If the mucous rattle exists at the same time in the bronchia, hepatization renders it much stronger and more distinct. Such are the physical signs of hepatization—namely, in two words, the absence of the crepitous rattle and the respiratory murmur, together with a dull sound on percussion over the affected part, unless the pneumonia be central, with a layer of sound lung between it and the ribs, when percussion will not much avail.

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* The crepitous rattle is supposed to be produced in the air-cells themselves, by the intermixture of air and fluid; in the same way that the mucous rattle takes place in the bronchia.

SIGNS OF SUPPURATION. The infiltration of pus within the pulmonary tissue furnishes no new sign as long as the pus remains concrete; but when it begins to soften, we perceive in the bronchia a more or less distinct mucous rattle, occasioned either by the introduction of the pus into them, or by a more copious mucous secretion, sympathetic of the suppurative process going on in the pulmonary tissue.

SIGNS OF ABSCESS. When the pus is not absorbed or expectorated as it softens down, but collects in one spot, a very strong mucous or cavernous rattle is perceived over the site of the abscess. Bronchophonism is converted into pectoriloquism, and the respiration and cough become cavernous.

SIGNS OF RESOLUTION. When this takes place, before the establishment of hepatization, the crepitous rattle becomes daily less perceptible, while the natural sound of respiration becomes more distinct, and at last is alone heard; and when hepatization does take place, its resolution is invariably announced by the return of the crepitous rattle. M. Laennec has never seen this sign wanting in any case which he has daily examined. He denominates it the "renewed crepitous rattle." The same renewal announces the resolution of the third stage or purulent infiltration; but in this last case, it is usually preceded by the mucous wheeze or rattle, indicating the softening of a part of the pus.

It is not to be concealed that there are some cases, in which the physical signs of pneumonia are with difficulty recognized—namely, when the inflammation is seated in the centre of a lung, or complicated with another disease. Laennec thinks, however, that these difficulties have been exaggerated by Andral. We fear that there are many others besides M. Andral who have experienced these difficulties. But still they are of the negative kind, and are rare. The signs may be wanting where the disease is present; but the disease will not be absent when the signs are present.

"Of all the affections of the organs of respiration which may be combined with pneumonia, the suffocative catarrh is unquestionably that which most masks its characteristic signs. If the pneumonia is of very small extent, and supervenes to the catarrh, it is possible that it may be masked by the presence of the very loud mucous rattle which exists over the whole bronchia. It is this circumstance which renders the *pneumonia of the dying* so difficult to be recognised."

As far as regards this complication with catarrhus suffocativus, (which is a very rare disease,) the difficulty of diagnosis is of no practical importance.

## III.—SYMPTOMS OF DISORDERED PULMONARY FUNCTION.

We now come to a portion of symptomatology to which the anti-auscultator cannot object. The following extract from Dr. Forbes's translation of Laennec is most valuable.

"These usually are—an obtuse and deep-seated pain, dyspnœa, quick respiration, cough, and expectoration of a peculiar kind. To these symptoms, decubitus on the affected side is commonly added; but nothing is more variable than this. The other symptoms are more constant, though each of them may be wanting, and even, in particular cases, all of them may be so at the same time. Moreover, they may all co-exist in many other diseases as well as pneumonia; and each of them exhibits many varieties.

Thus the pain, which is commonly slight and extensively diffused, is sometimes confined to a point, even when there is no accompanying pleurisy. However, when it becomes very acute, it is commonly on account of the inflammation being extended to some part of the pleura. The dyspnœa is often hardly perceived by the patient, although the frequency of the respiration points it out to the physician; in some cases this is not more frequent than in health. When dyspnœa does exist, the inspection of the chest will not enable us to decide whether or not it depends on an organic affection of the lungs; as the dilatation of the chest and the elevation of the ribs are often equal on the sound and diseased side,—a remark which has also been made by M. Andral, (Op. Cit. p. 330.) The cough is commonly frequent and pretty strong; but sometimes it is so slight as to be denied by the patient and the attendants. The expectoration in a great many cases has an appearance quite characteristic, and which, in my opinion, may by itself enable us to recognize the disease; as I have never met with it in any other. These sputa, which I shall term *glutinous* or *pneumonic*, when received into a flat and open vessel, unite into so viscid and tenacious a mass, that we may turn it upside down, even when full, without the sputa being detached, although they may partially hang from the vessel's mouth. If we shake the vessel its contents vibrate like jelly, but less so. The colour of this expectoration is frequently some shade of red, particularly that of rust; or it is sea-green, tawny, orange, saffron, yellowish or a dull green. These various colours are frequently intermixed, in stripes, in the same spitting-pot; and are evidently owing to blood existing in a greater or less proportion, or more or less intimately combined with the expectorated matter. The shades of green appear to me to depend on the same cause, although they constitute the bilious sputa of Stoll and his disciples. Certain it is that I have frequently met with them in cases where there existed no bilious complication; although I must admit, at the same time, that I have sometimes seen them disappear, after bilious evacuations. The entire body of the expectoration has a semi-transparency like that of horn; and sometimes it is almost as transparent as white of egg very slightly coloured. Air-bubbles, of unequal size and sometimes very large, are contained in great number in the expectoration, and cannot escape on account of its great tenacity. If sputa of this kind existed constantly in peripneumony, we should require no other sign to indicate its presence. They commonly appear in the stage of obstruction, and retain their character until hepatization is well advanced; they then vary much from the characters above-described, as we shall see presently. It is to be remarked, however, that, even in the first stages they do not always present the strongly marked features we have just described. Frequently they are less viscid, little coloured, and nearly destitute of air-bubbles; and at other times we perceive only a few *glutinous* and slightly tawny sputa, amid a great mass of mucous or pituitous expectoration. Pretty frequently, the characteristic sputa are observed only at the very onset of the disease, and during a few hours; and sometimes they do not show themselves even at this period, or they are in such small quantity as hardly to admit of being collected. This appears particularly the case in old subjects, and in very rapid attacks, and also in the peripneumony of the dying."

During the period of hepatization, the expectoration is slight and variable in character, usually consisting of a small quantity of pituitous sputa, more or less viscid and vitriform—or of whitish or yellowish mucus. After the purulent infiltration occurs, the expectoration is more decidedly mucous, resembling that in the latter stage of catarrh—rarely purulent. Lerminier and Andral consider an expectoration of sputa, apparently consisting of a mixture of blackish blood and diffluent pituita, as characteristic of the period of suppuration.*

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* In this place Dr. Forbes takes an opportunity of impressing on the mind of the practitioner the necessity of paying great attention to the expectoration. Many are in the habit of minutely observing little varieties in the pulse, tongue, stools, &c.

GENERAL SYMPTOMS. Pneumonia is, of course, attended with active fever from the beginning, except in very rare cases, and where the inflammation is very limited. This general fever accounts for the flushings of the face, and the various sanguineous and serous congestions which occasionally take place in the brain and intestinal canal. Determination to the head, with coma, especially in old people, is a very unfavourable symptom, as has been remarked since the days of Hippocrates. In such cases the patient generally dies before hepatization takes place, or the purulent infiltration commences. A furious delirium, Laennec observes, is a much less dangerous symptom than coma. We believe this is the case in all other diseases as well as in peripneumony. In furious delirium, we have something to work upon, but in coma it is the reverse. "Congestion of blood in the stomach is indicated by a very intense redness of the tongue," with but little pain at the epigastrium when pressed. Diarrhœa is not considered a bad symptom by Laennec, if it comes on towards the close of the disease, and is moderate. The fever in peripneumony is truly symptomatic—that is to say, it depends on the inflammation of the organ, and rises or falls with that inflammation. "It even frequently happens, that as soon as this latter (inflammation) is checked by the lancet or otherwise, the fever ceases entirely, although the perfect resolution of the pulmonary engorgement will not be accomplished in less than a fortnight, three weeks, or even a month." There are cases indeed where the fever continues after the local inflammation ceases, but then there is some other cause, and the fever is idiopathic.

During the acute stage the urine is of a very deep red colour—the blood from a vein quickly coagulates and exhibits a thick coat of fibrin, especially at the first bleedings.

M. Laennec avers, that acute peripneumony frequently terminates favourably by a kind of spontaneous crisis, where either the disease had been mistaken, or where the remedies had proved useless. The most common of these critical evacuations is a lateritious sediment in the urine; "and we should distrust any other, unless this also occurs at the same time." After this deposition, a sweat, and a moderate diarrhœa, are the most common forms of crisis. "A copious expectoration of mucus is also sometimes critical, but much less frequently than the practitioners of the last century believed, unless, indeed, it be in those cases which occur during the course of a catarrhal epidemic." Upon this passage we would remark, from long experience, that whether the expectoration be *critical* or not, it is decidedly salutary—so much so, that we very rarely find the disease give way without this evacuation, unless the depletion be of an extremely vigorous kind at the very commencement of the pneumonia. The following observations, from that talented physician, the late Dr. Parr, we can confirm from personal experience.

"If peripneumony proceeds (says he) favourably, the pulse becomes slower and softer—the yellow, tenacious, and often bloody sputum is mixed with points of a whiter matter—and the proportion of this more salutary expectoration gradually increases with the amendment of every symptom; for the cough is less violent and straining, the breathing freer, the skin more moist, and the tongue cleaner at the edges. If less favourable in its progress, the sputum becomes more dark and viscid,

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while they disregard the qualities of the expectoration. A spitting-pot is an essential article in the bed-room of a pulmonic patient, and where auscultation is imperfect, the young practitioner will draw much useful information from daily inspection of the matters ejected from the lungs.

the pulse lower, indistinct, and often intermitting—a wandering low delirium comes on, with subsultus, and the patient dies, apparently suffocated, from the oppressed vessels no longer permitting the expansion of the lungs."

We think, upon the whole, that Laennec has directed his attention too much to the auscultic signs, and passed too slightly over a careful and hippocratic observance of the general and concomitant phenomena. At the same time, we freely admit that a comparison of his diagnostics in pneumonia, with those of our standard authors, leaves the latter completely in the shade. We now proceed to the etiology of peripneumony.

OCCASIONAL CAUSES. One of the most common of these is, unquestionably, the impression of COLD, either long-continued, or received when the body is moderately heated and covered with perspiration.

"This cause (says Laennec) is much less powerful when the cold immediately succeeds to an excessive heat, and is not prolonged for a considerable time. The Russian who rolls himself in the snow after coming out of the hot bath, or the bakers who go from their heated ovens, almost naked, into an atmosphere of the temperature below zero, are not liable to attacks of this disease; while the porters, whose occupation leads them to stand for a length of time at the corners of the streets, are frequently affected by it. In general pneumonia is a disease of winter and cold climates: it is rare in the equatorial regions. The poison of serpents, particularly that of the rattle-snake, frequently induces this disease, and the same result follows the injection of various medicamentous substances into the veins. It is probable that the epidemic peripneumony is often owing to an analogous cause, that is to say, to deleterious miasms which have entered the system by means of the cutaneous or pulmonary absorbents; since nothing is more common than to meet with cases of this disease to which we can assign no occasional cause. How many persons are seized with it in their very chambers, and in spite of the utmost care taken of their health! Most pathologists reckon fulness of blood, youth, manhood, and a strong constitution among the predisposing causes of pneumonia. It is no doubt true, that, in subjects possessing these conditions, the inflammation is more acute, the fever higher, and the disease more readily recognized and cured; but it is no less true that peripneumony is much more common and fatal in old persons: it is in such subjects, more particularly, that the disease runs rapidly into suppuration. Children are likewise very subject to it, and the more so the younger they are. In them the disease is frequently mistaken, because they swallow the expectoration; and death most commonly takes place in the state of engorgement, or after the supervention of only a lobular hepatization, that is to say, a hepatization occupying only some detached points. The facility with which they fall victims to this affection even in its onset, is explained by the greater necessity of respiration at this period of life."

It is wonderful that so accurate an observer as Laennec, and so talented a physician as his translator, should have taken no notice of the application of MOISTURE to the surface, as the most common of all the causes of acute and indeed of chronic pneumonia. It is true, they may say that wet only increases the degree of cold, on the principle of evaporation. But there is something more than this in the case. Damp sheets, exposure to rain on the outside of a coach, or in various naval and military duties, excite this inflammation in a very intense manner, and far beyond what the mere degree of cold can account for. When we contemplate the deleterious effects of the application of cold and moisture to the skin, we can hardly doubt that these agents act directly on the respiratory organ at the same time. If we enquire diligently into the history of cases of peripneumony, acute and chronic, we shall rarely fail to find that moisture has accompanied the application of cold. These observations are not

without utility in a practical point of view. Such articles of cloathing as prevent the penetration of moisture to the surface of the body, are of great importance in the way of hygiene. On this account, wash-leather is superior to flannel; though both should be used by those who are disposed to pulmonic inflammation, and who, from their necessary avocations, are exposed to wet and cold. A foolish and unfounded prejudice has long been entertained against oil-silk, as an ingredient in the more external articles of dress. We can vouch for its utility as a *safe* defence from moisture.

Gangrene of the Lungs. We shall pass over this formidable disease, because it is very rare, and because "it can scarcely be ranged among the terminations of pulmonary inflammation." M. Laennec thinks that, in most cases, it approaches the nature of idiopathic gangrenes, "such as anthrax, malignant pustule, pestilential bubo, &c.—diseases in which the inflammation surrounding the gangrenous spot seems to be rather the effect than the cause of the sphacelus." We have given some cases of this disease, and we shall continue to do so; but we think it unnecessary, if not improper, to introduce the subject formally in the present eclectic review of peripneumony. The only remark we shall make is, that an expectoration of a very peculiar green colour, and exhaling an extremely fetid odour precisely similar to that of a sphacelated limb, seems to be the principal pathognomonic sign of this dangerous disease.

## IV.—Chronic Peripneumony.

It is curious that the ancients make no allusion to this disease, while the term is hardly to be met with in the schools of modern times, unless it be in discussing the subject of phthisis pulmonalis, with which the disciples of Broussais connect chronic inflammation of the lungs. This connexion is strongly opposed by Laennec, who considers the chronic form of the disease as extremely rare. This observant physician has noticed a state of lung in the vicinity of gangrene, and also of the seat of hæmoptysis, which indicated chronic inflammation. The same condition of parts was seen, but still more rarely, in the neighbourhood of large tuberculous excavations, and also in the small interspaces between numerous tubercles. In all these, however, it is much more common to find the marks of acute hepatization, which had occurred only a few hours before death. We may also, thinks Laennec, term those cases chronic, in which the peripneumony, originally acute, has been checked by proper treatment, but not completely resolved. The following note of Dr. Forbes we shall here introduce.

"The statements contained in this section will, no doubt, appear singular to many English readers; and I confess that if I felt justified in placing the dissections made in this country (including my own) on the same level, as to minuteness and accuracy, as those made by the French pathologists, I should feel disposed to question the truth of these statements. But as every candid person must admit that the hurried manner in which dead bodies are commonly examined in this country, renders mistakes extremely probable; and as we must likewise confess that our means of observation, and consequently our experience, fall vastly short of theirs, it is perhaps no great stretch of candour to be willing to receive the authority of such men as Laennec, Chomel, Andral and Louis, in preference not only to many of our recorded cases, but even to our own hurried observation. The correctness of our author's statement respecting the great infrequency of peripneumony in a chronic form, is supported by the concurring testimony of the most experienced pathologists of the

present French school. Andral says that of one hundred and twelve cases observed by him, only one lasted more than thirty days; and that during the five years which he had been at *La Charité*, he had met with very few examples of hepatization or purulent infiltration, in cases of more than two months' standing. (Med. Clin. t. II. p. 365.) M. Chomel states (Dict. de Med. t. XVII. p. 252) that in the course of the last sixteen years, during which he has examined, on an average, two hundred bodies annually, he has only met with two well marked cases of this affection. Andral notices it as existing under two forms, the *grey* and *red induration*, and describes it briefly as being dry and hard, of a pale red or greyish. (Op. Cit. p. 310.) Chomel describes the lesion in the two cases met with by him, as consisting of a grey, dense induration, without granulations, much drier and harder than hepatization, and occupying a fourth or fifth part of one lung. The same condition of lung is, I think, described by Corvisart, in his Commentary on Avenbrugger, p. 287, and by Avenbrugger himself, p. 262: and appears to be that found by myself in the case of chronic pleurisy detailed in "Original Cases," p. 247. M. Andral likewise considers that black induration of the lungs, sometimes existing around tuberculous excavations, and which Laennec describes as a particular degeneration under the name of *melanosis*, as being frequently the result of chronic inflammation simply. (Op. Cit. III. p. 230.) In the small work above-mentioned I have entitled several observations 'chronic peripneumony;' and I certainly have been in the habit of considering many cases I met in practice as examples of this disease. I am willing to admit however that I have been sometimes mistaken, and, both in practice and in my dissections, have confounded different affections under this name.

"The truth seems to be, that inflammation of the pulmonary substance, strictly and essentially chronic, (like the chronic affection of the serous membranes,) is extremely rare; but that, as a sequel of the acute disease imperfectly resolved, or as complicating other organic lesions of the lungs, it is by no means uncommon. Our author himself admits that the acute disease, made chronic by treatment, may last two months; and Lorinser says that this period may be doubled. Both M. Andral and M. Chomel, however, are of opinion that chronic inflammation of the pulmonary substance is very common under another name and form. They consider the thin layer of grey substance which is found surrounding softened tubercles (and which Laennec regards as simply tuberculous) to be the product of chronic inflammation."

## V.—Latent and Symptomatic Peripneumony.

Our author has already shewn, that it is sometimes extremely difficult to detect acute peripneumony in the first days of its attack;—it is, however, in its complications with other diseases, that it becomes still more masked, and likely to elude the notice of the practitioner—especially of him who trusts entirely to external symptoms.

The combination of peripneumony with pleurisy, is now passed over, as the latter inflammation will form a short article for consideration in a future fasciculus or number of the Journal.

Peripneumony is sometimes conjoined with hæmoptysis, and still more frequently with œdema of the lungs. The sero-sanguineous congestion which takes place in almost all dying persons, is very often converted into peripneumony, if the dying efforts are long protracted. On examination, different points of lung are found distinctly hepatised, especially during the prevalence of an inflammatory constitution. This "pneumonia of the dying" is commonly accompanied by a strong and suffocating tracheal rattle—but the presence of this rattle does not always indicate the existence of the disease. Pneumonia is occasionally combined with the different varieties of catarrh—"but more rarely,

perhaps, than with any other disease of the chest." Laennec avers that it is by no means common to find the acute catarrh terminate in peripneumony. But the suffocative catarrh, especially in young people and adults, is often complicated with pneumonia.

"Phthisical subjects are liable to attacks of pneumonia, usually of small extent, and the symptoms of which are therefore very readily confounded with those of the primary disease. On this account, if for no other reason, it is important to explore, from time to time, the chest of consumptive patients, more particularly when there is any increase of fever, or any sudden decrease of strength.*—Several diseases which may be considered of a general kind, have a singular tendency to the peripneumonic complication, or to excite this affection sympathetically. It is thus found occasionally to supervene to an attack of gout or rheumatism. If the pains of the limbs cease on its attack, it is usually recognised, or at least suspected, from obvious symptoms, but if the pains continue, the pulmonary affection remains latent, or is only discovered by means of an attentive exploration. The eruptive fevers are sometimes combined with pneumonia. Measles, in particular, frequently presents this union, at the period of the disappearance of the eruption. In this case the pneumonic affection is pretty frequently manifest; but when it supervenes in the course of confluent small-pox, or severe erysipelas, it is almost always latent. The same is true of the pneumonia which arises in the course of violent continued fevers. Nothing is more common than this last named complication, especially in winter and during the prevalence of peripneumony; and in these cases, its invasion is seldom indicated by any unusual dyspnœa or expectoration, or, in short, by any of the ordinary symptoms of inflammation of the lungs. It is true that it only occurs towards the fatal termination of the disease; but probably it is also very often the cause of this. In the young and robust, the invasion of the pneumonia may sometimes be suspected from a marked increase of fever taking place. But in old persons, and in subjects weakened by the long continuance of high fever and low diet, it comes on all at once, attended by a sudden prostration of strength and loss of consciousness. The skin becomes harsh, the excretions fetid, the teeth and tongue covered with a fuliginous coating, and coma or the tracheal rattle announce the approach of death. These latter symptoms frequently indicate the supervention of pneumonia in subjects worn out by severe chronic disease, especially cancer. We ought to range among sympathetic peripneumonies that which constitutes the predominant symptom in the pernicious fevers denominated peripneumonic. The morbid anatomy of this affection is yet very imperfectly known, from the circumstance of its proving rarely fatal! as we fortunately possess in cinchona, when administered in time, a certain means of cure. We have some facts, however, which prove that traces of pneumonia have been found in subjects dead of this disease; I have myself, in two accessions of this fever, witnessed the presence of the glutinous sputa, and a very intense crepitous rattle."†

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* "Andral describes the intercurrent peripneumony of phthisical subjects as being very common, and as often occasioning death, from being overlooked. In the acute form it is remarkable for its frequent recurrence in the same subject, it being by no means uncommon to find the same patient affected with it twelve or fifteen times. (Cl. M. III. 225.) Louis, (Rech. p. 241,) while he admits the occurrence of this complication with phthisis in the early stages, (when it is most commonly cured,) notices it chiefly as supervening towards the very last days of the disease. At this time it is very frequent, yet, he says, not more so than in other persons dying of chronic affections, (see the preceding note;) so that he conceives himself justified in stating that phthisis in its latter stages, has no particular influence in exciting peripneumony."—*Transl.*

† "A very important variety of pulmonic inflammation, important no less from the causes which give occasion to it than from its peculiar characters, has been lately introduced to the notice of the profession by some of our distinguished surgical

## VI.—TREATMENT OF PERIPNEUMONY.

In pneumonia, as in other inflammations, the indications of treatment would appear sufficiently obvious; and yet the most opposite measures have, in their turn, been held up to exclusive recommendation by those who have adopted particular theories. Laennec contents himself with an exposition of the results of his own experience—and, in following him, we shall have an opportunity of glancing at the experience of others.

BLOOD-LETTING. From the days of Hippocrates, this measure has been considered as peculiarly appropriate in pneumonia, with the exception of a few theorists, who have questioned its propriety. But there is considerable difference as to the extent to which this remedy should be carried—the best period for its employment—and the part from which blood should be abstracted. The majority of the ancients bled very early in the disease, and allowed the blood to flow till syncope took place. This practice was sometimes followed by Galen—it was much adopted about a century ago—and is still very common in England, "where practitioners bleed, at the commencement of pneumonia, to 24, 30, or 36 ounces." "This practice," says M. Laennec, "is not to be found fault with, since it is certain that a copious bleeding in the beginning of the disease, reduces the inflammatory orgasm much more speedily than repeated smaller venesections will do at a later period, and, moreover, leaves less chance of a renewal of the inflammation." It is wonderful, as Dr. Forbes remarks, that, after this statement, Laennec should not recommend the English practice, in preference to that generally followed on the Continent. We may observe, however, that the Parisian physicians—we may instance M. Lerminier, at La Charité—are rapidly adopting the system of very active venesection in the first days of acute inflammation. The following observations of Dr. Forbes are deserving of attention.

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pathologists: I allude to that which supervenes to wounds and the larger operations, and which is, I fear, too often latent. See Guthrie's Treatise on Gun-shot wounds, (first published in 1815,) 2nd Ed. p. 284; and C. Bell's Surgical Observations, Part III. p. 241, Lond. 1817. From the statements made by these authors it appears that pneumonia is a very frequent cause of death in the cases in question; and that it comes on in the most insidious manner, scarcely giving warning of its presence, certainly not of its violence, until too late for beneficial treatment. In these cases I would strongly recommend the stethoscope to the surgical practitioner, as a sure, and almost exclusive, means of acquiring an exact knowledge of the progress of the disease. From the account given of it by Mr. Guthrie and Mr. Bell, it appears evident to me that had this instrument been applied on the first appearance of the dyspnœa, the crepitous rattle would have immediately pointed out the presence of the inflammation, of which the general symptoms gave little or no indication, and might have thereby been the means of checking its fatal progress by suggesting the proper remedies. At the same time that I state this, I am not ignorant that cases occur (though very rarely) so completely latent as not only to be unaccompanied by dyspnœa, cough, or expectoration, but even to yield no results from percussion or auscultation, (See Andral, t. II. p. 369.) The reason of the lungs becoming affected in the class of cases just noticed, is an interesting subject of inquiry, but one on which I cannot here enter."

"To the readers of this work it is unnecessary to say, that the quantity of blood mentioned in the text may be detracted twice, or even thrice, within the period of twenty-four hours, in the beginning of the disease, not only with safety, but unquestionable benefit—due consideration being had to the severity of the attack, the constitution of the patient, and the character of the prevailing epidemic. It is only in the more advanced stages of the disease, that greater caution is necessary in the detraction of blood; and it is the prosecution of the same vigorous treatment at this later period, too common in this country, that is justly obnoxious to the criticism of foreign practitioners. In such circumstances, there can be no doubt that the small bleedings and copious leechings used abroad are vastly preferable; or even the expectant system, with its starvation and its innoxious ptisans. The system of medical practice in this country is, perhaps, too generally chargeable with the imputation of over activity; the *medicina perturbatrix* is too exlusively cultivated, especially by the younger members of the profession. Poor Nature, with her *vis medicatrix*, is so scorned and outraged, in what, after all, is truly her own dominion, that it is no wonder if the acts of such radical reformers of her plans are sometimes turned to their own confusion. I believe, however, that the unlimited intercourse now happily existing among the nations of Europe, is gradually improving the medical practice of each individual country. This is obvious in respect to bloodletting in pneumonia. M. Andral, in his late work, says that the first bleeding should be from sixteen to twenty ounces, and that the operation may be repeated twice, or even thrice, within the first twenty-four hours (Op. Cit. tom. ii. p. 379). M. Chomel, also, in his article on pneumonia, in the *Dict. de Med.* (tom. xvii. p. 243), says that the first bleedings should be from twelve to sixteen ounces, and that one may be repeated a few hours after another, to the third time on the same day. For some excellent remarks on the propriety of instituting one very copious bleeding in the early stage of pneumonia, I refer the reader to a paper by Dr. Robertson in the Edin. Journ. vol. x. p. 192. The aphorism by Dr. Gregory there quoted—'the danger of a large bleeding is less than the disease'—is excellent; and it were well if it were more frequently in the recollection of practitioners, in the beginning of inflammatory diseases. Without at all sanctioning the practice therein detailed, I would also refer the reader to a singular document in the same journal (vol. xiii. p. 165), for proofs of the astonishing extent to which bloodletting may be carried with safety at least, if not with benefit. The writer, Mr. Comrie, states that his practice (the disease was the ardent fever of the West Indies, the patients seamen) was, to take away fifty, sixty, or seventy ounces of blood at the first bleeding; and that his patients sometimes lost one hundred ounces within the first twelve hours, and upwards of two hundred and fifty ounces in the course of three or four days! I once knew a man bled to eighty-four ounces at one bleeding, in an attack of fever, without suffering syncope, or any ill effect, except great disorder of the circulation for some hours afterwards.—*Translator.*"

It was in our fleets and armies, during the late war, that peripneumony was seen on a large scale, and where that decisive practice was adopted, which afforded many salutary lessons to our more timid practitioners in private life. We shall not apologize for the following extract from a report, published by the Editor of this Journal, in February, 1814, from the fleet blocked up in the Scheldt, during the dreadful winter of 1813-14. It will shew that the cautions of Dr. Forbes, as to large bleedings at an advanced period of pneumonia, were not unattended to by his naval brethren.

"There is perhaps no acute disease, where Nature proves a worse physician, than in pneumonia. In this, she seems to attempt a relief of the local plethora and inflammation by *expectoration*, in the same way as she attempts the cure of dysentery by *catharsis*. She is not very successful in either; but less so in the former than in the latter case. This *natural* method (if I am allowed the expression) of cure, has led many people to trust too much to expectoration, by directing a great deal of their attention to bringing on this salutary process. Those who have seen pneu-

monia on a large scale, know, that very frequently the most violent cases of it are cured, as it were, 'by the first intention,' where the inflammation has been quickly subdued, and the vessels of the lungs relieved, without the necessity for that effusion of fluid into the ramifications of the bronchia, constituting expectoration.

"Venesection, from a large orifice, *continued till relief of the pain and dyspnœa, or deliquium animi, as early as possible after the accession of the disease,* is the first step; and the next is, to empty the bowels effectually, by a purgative that will occasion a considerable effusion into the intestinal canal, from the whole of its mucous surface. The third, is to relax the surface by saline draughts and antimonials. The two first are to be repeated boldly and quickly, *in the early stages particularly;* and while dyspnœa and pain are urgent. *But after two or three days, and when any expectoration, however scanty, appears, we must immediately relax in our vigorous measures; for we have failed in subduing the inflammation by the first intention, and by pushing the evacuating plan too far, we counteract Nature in the process which she has now employed for completing the cure.* I am convinced I have seen many cut off by bleeding profusely after the first days of the disease; thus checking expectoration, and occasioning such an effusion into the cells of the lungs as has speedily suffocated the patient. At the critical period above-mentioned, *blisters and local bleedings* are of the highest service; and nothing is more common than to see young practitioners apply the former, on the first or second day of pneumonia; when, after two, three, or four copious venesections, and other evacuations, they would have come in as important auxiliaries. After a mild and copious expectoration had commenced, I have seen a single purgative, too rough in its operation, check, at once, this salutary process, and bring the patient to the brink of the grave. Another error into which young men are often led, is the employment of stimulating expectorants, such as gum ammoniac, squills, &c. too early. Indeed, they oftener do harm than good; and, except in advanced stages, when the inflammatory diathesis is pretty well gone off, and a troublesome dry cough, with scanty expectoration, remains, they are rarely admissible."—*New Med. and Phys. Journal, February,* 1814.

But to return to M. Laennec. The ancients, says he, considered bleeding as a questionable remedy, after the first days of the disease, fearing thereby to check the expectoration; "and the best practitioners of the two last centuries forbad this operation after the fifth day, if the discharge was mucous and abundant. Apprehensions of this kind are not, perhaps, unreasonable, if the loss of blood is carried to syncope, but we know from experience that, in a lesser degree, though still pretty copious, blood-letting may be had recourse to with much advantage, in a very advanced period of pneumonia, even when this has reached the suppurative stage, and is attended with a great expectoration." Notwithstanding that many eminent authorities, and, among others, Andral, support this doctrine, we have no hesitation in impugning it. We do not consider the French as good judges on this point; for, till very recently, they did not bleed in a proper manner, even in the very first stage of pneumonia. In the second place, why should blood be drawn at a late period of the inflammation, and when there is a copious expectoration, unless the breathing is much oppressed, or there is considerable pain in some part of the chest? Yet we do not hesitate to assert, that when the "expectoration is copious," the breathing is almost invariably relieved; and, in such circumstances, local pain is generally the result of some local inflammation of the pleura, which may be removed by leeching, cupping, or even by blisters, without the risk attendant on venesection. We repeat it, then, that after copious, and more especially muco-purulent, expectoration has commenced, nothing but serious oppression of the breathing should lead the practitioner to employ general blood-letting—and this oppression of the breathing not being urgent, pain at such periods should be remedied by local bleeding, or rather by blisters. The following extract from one of Dr. Forbes's notes, will corroborate this opinion.

"To the testimony of facts we can oppose no equivalent objection; although, considering the very limited powers of art in removing great alterations of structure, it might be reasonably conceived, *à priori*, that a hepatized lung was not likely to be much under the influence of venesection. This much, at least, I am justified in stating from my own experience, that the vastly inferior power of bleeding in the second and third stage of pneumonia, ought to make us depend principally upon what we can effect in the first stage. And as guiding our practice in this most important particular, I consider the stethoscope as of the utmost consequence; for, without it, who shall say positively that the disease is in its first or its second stage? On this point of practice, the opinion of Lorinser is strongly against bleeding in the latter stages. He says that, after hepatization has taken place, bleeding, by weakening the powers of the system, impedes or altogether prevents the absorption of the effused lymph; and that while one or two venesections in the first stage, often suffice to produce complete resolution, six or even ten, in the latter stage, will not only have no good effect, but will decidedly hasten the fatal event. He adds that he has repeatedly proved the truth of this doctrine in the epidemic pneumonia of cattle, *(Lungenseuche der Rinder)* in which he invariably found bloodletting if not injurious at least useless, after the disease had reached the stage of hepatization."

M. Laennec observes, that the present practice all over Europe is—"in the beginning of the disease, to bleed to the extent of from eight to sixteen ounces, and to repeat the operation daily, and sometimes even twice a day, if the inflammatory symptoms do not give way, or if, after being subdued for a few hours, they return with fresh violence. After the first five or six days, the bleedings are repeated after longer intervals, and soon cease altogether, except in cases where they are strongly indicated by the renewed strength of the pulse, oppression, and fever."

If this be the practice on the Continent, we maintain that it is wrong. It certainly is not the practice among the more intelligent practitioners of this country—and we have reason to know, that a more active early treatment obtains in many parts of Italy and Germany. From a pretty long and extensive experience in this class of inflammations, we can conscientiously recommend the medical attendant, when called early to acute pneumonia, to abstract blood, in the recumbent position, till a full inspiration can be taken without inconvenience, or exciting cough—or, till syncope take place. When either of these effects is produced, he may bind up the arm, and persevere with the other antiphlogistic measures, presently to be detailed, till the pulse rises, the respiration becomes impeded, and fever and pain increase. Then the vein is to be re-opened, whether at the end of two or of twelve hours, and the same objects are again to be obtained, even at the expense of syncope. This mode of procedure should be carried on during the first days of the inflammation, if the inflammation continues for days, especially in subjects whose constitutions are not impaired by age or by other maladies. By this plan, we have repeatedly arrested, and seen arrested, the most intense inflammations of the lungs, with little, and sometimes no succeeding expectoration. In fact, the more active the treatment in the early stage, the less necessity will there be for expectoration, which is the process that Nature employs to remove the effects of the inflammation—namely, the engorgement of the vessels of the lungs. When this process has once commenced, we certainly should be cautious in the employment of the lancet.

So much for venesection. It is not a little remarkable that Laennec does not even mention local depletion. Now, one great advantage of auscultation and percussion is to indicate the locality of the inflamed part, in order that local depletion and counter-irritation may be employed as near that part as possible. Blood, therefore, should be taken from the chest by leeching or cupping, simul-

taneously with, or soon after general bleeding, by which means, the repetitions of the latter will often be considerably abridged. After one local, and one or two general bleedings, a blister may be applied, but not sooner. Much mischief is often done by the early application of blisters, before the vascular system is considerably emptied.

M. Laennec adverts to the pneumonia which is complicated with typhoid and other fevers, and where depletion cannot, of course, be carried to the same extent as in pure pulmonic inflammation. The remains of our army after the battle of Corunna, and the French prisoners in our pontons, during the late war, presented a wide field for observation in this dreadful complication of idiopathic fever with pneumonia, and if Mr. Lawrence had been on this field, he would have been taught, by dire experience, that neither fever nor inflammation can be "put out" (an expression very aptly used by Mr. Brodie, and very injudiciously ridiculed by Mr. Lawrence) by any system of depletion, however early or however vigorously employed. It was tried by many and by untimid practitioners, at the period alluded to—especially among the prisoners of war; but, for one case where the fever and inflammation were "put out" by such measures, there were ten where the patient's life was "put out" with the disease! These facts must be borne in mind, when we have to treat the pneumonia that arises during idiopathic fever. We repeat it, that it cannot be "put out," by vigorous general depletion. We must trust almost entirely to local depletion and counter-irritation in such cases.

Although the pulse is less fallacious in peripneumony than in most other internal inflammations; yet it is sometimes deceptive, and Laennec has given us a very useful precept on this point. Where there is doubt about the indication afforded by the pulse, the ear or the stethoscope should be applied to the region of the heart. Whenever the pulsations of the heart are proportionally much stronger than those of the arteries, then, he avers, we may bleed without fear. If, on the other hand, the action of the heart as well as that of the arteries be weak, we should be very cautious how we abstract blood from the general system. This, we hope, will prove a valuable precept in other diseases than peripneumony.

BLISTERS. Laennec seems to have little or no confidence in these derivative auxiliaries. He limits their application to those cases in which resolution proceeds too slowly, after the first stage is over—and to the chronic form of the disease. He thinks that a blister applied to the chest is injurious, by impeding the action of the respiratory muscles. We cannot but think this objection futile, though we acknowledge the bad effects of blisters too early applied.

EXPECTORANTS. Much has been written on this class of medicines, but little is known on the subject. The alkalies have been greatly lauded by Mascagni and others, as having a powerful tendency to promote expectoration. Dr. Farnese, a pupil of Mascagni, was in the habit of giving from a drachm to an ounce of carbonate of potash daily, dissolved in half a pint of water. We doubt whether such doses might not materially injure the stomach and bowels, by too rapidly dissolving the mucus on their internal surface, and exposing their nerves too freely to the action of food, physic, and certain stimulating secretions, as the bile. For our own parts, we have no confidence in any expectorant but antimony, aided and preceded by blood-letting.

PURGATIVES. Laennec advises to keep the bowels open in pneumonia, "especially on the approach of convalescence," by glysters and gentle laxatives. Dr. Forbes accords in this rule, and deprecates purgation. Our own experience

leads us to the same conclusions in respect to purgation as to general bloodletting. In the early stage, when inflammation runs high, the bowels may be freely acted on; but in proportion as expectoration comes on, we must be cautious of purging, since hypercatharsis very readily checks the expectoration, and places the patient's life in imminent jeopardy. It is in such cases the carbonate of ammonia has considerable power in renewing expectoration.

TARTAR EMETIC. This remedy, though long in use, both in England and other countries, as an expectorant, in small, but nauseating doses, has lately acquired great celebrity, in pneumonia especially, when exhibited in comparatively large doses. Before making any observations on the mode of administration which we have found most advantageous, we shall lay before our readers the plan of Laennec, who seems to think that this medicine may almost supersede the lancet in pneumonia.

"As soon as I recognize the existence of the pneumonia, if the patient is in a state to bear venesection, I direct from eight to sixteen ounces of blood to be taken from the arm. I very rarely repeat the bleeding, except in the case of patients affected with disease of the heart, or threatened with apoplexy, or some other internal congestion. More than once I have even effected very rapid cures of intense peripneumonies without bleeding at all; but, in common, I do not think it right to deprive myself of a means so powerful as venesection, except in cachectic or debilitated subjects. In this respect M. Rasori does the same. I regard bloodletting as a means of allaying, for a time, the violence of the inflammatory action, and giving time for the emetic tartar to act. Immediately after bleeding I give one grain of the tartar emetic, dissolved in two ounces and a half of cold weak infusion of orange-leaf, sweetened with half an ounce of syrup of marsh-mallows or orange-flowers; and this I repeat every second hour for six times; after which I leave the patient quiet for seven or eight hours, if the symptoms are not urgent, or if he experiences any inclination to sleep. But if the pneumonia has already made progress, or if the oppression is great, or the head affected, or if both lungs or one whole lung is attacked, I continue the medicine uninterruptedly, in the same dose and after the same intervals, until there is an amendment, not only in the symptoms, but indicated also by the stethoscopic signs. Sometimes even, particularly when most of the above-mentioned unfavourable symptoms are combined, I increase the dose of the tartar emetic to a grain and a half, two grains, or even two grains and a half, without increasing the quantity of the vehicle. Many patients bear the medicine without being either vomited or purged. Others, and indeed the greater number, vomit twice or thrice, and have five or six stools, the first day; on the following days they have only slight evacuations, and often indeed have none at all. When once *tolerance* of the medicine (to use the expression of Rasori) is established, it even very frequently happens that the patients are so much constipated as to require clysters to open the body. When the evacuations are continued to the second day, or when there is reason to fear on the first that the medicine will be borne with difficulty, I add to the six doses, to be taken in twenty-four hours, one or two ounces of the syrup of poppies. This combination is in opposition to the theoretical notions of Rasori and Tommasini, but has been proved to me by experience to be very useful. In general, the effect of tartar emetic is never more rapid or more efficient than when it gives rise to no evacuation; sometimes, however, its salutary operation is accompanied by a general perspiration. Although copious purging and frequent vomiting are by no means desirable, on account of the debility and the hurtful irritation of the intestinal canal which they may occasion, I have obtained remarkable cures in cases in which such evacuations had been very copious. I have met with very few cases of pneumonia where the patient could not bear the emetic tartar; and the few I have met with occurred in my earliest trials; insomuch that this result now appears to me to be attributable rather to the inexperience and want of confidence of the physician, than to the practice. I now frequently find that a patient who bears only moderately six grains with the syrup of poppies, will bear nine perfectly well on the following day. At the end of twenty-four or forty-eight hours

at most, frequently even after two or three hours, we perceive a marked improvement in all the symptoms. And sometimes even, we find patients, who seemed doomed to certain death, out of all danger after the lapse of a few hours only, without having ever experienced any crisis, any evacuation, or, indeed, any other obvious change but the rapid and progressive amelioration of all the symptoms."

Our readers will perceive that one common effect of this antimonial treatment is vomiting and purging at the beginning; and as the latter evacuation is not considered injurious by Laennec, it confirms the observations we made on early purgation, and nullifies the timidity evinced by himself, and also by his translator, in the preceding pages. Having no experience in this mode of administering emetic tartar, we leave it for the consideration of our readers. If it maintains the character drawn of it by Laennec, it must prove a valuable auxiliary, or even succedaneum to venesection, where it is desirable to husband the vital fluid.

The manner in which we have employed the remedy is as follows:—Immediately after venesection, the bowels are to be opened by a solution of Epsom salts, senna, and tartarized antimony; and, this done, the antimonial wine, in doses of from 30 to 60 minims, with fifteen drops of the vinum colchici, and five drops of tincture of digitalis, is to be exhibited in a common saline draught every four or six hours. If nausea be produced, the doses of the three ingredients are lowered—if no effect seems to result, they are increased. We have found such decided good from this mode of treatment, that we have not, as yet, ventured to change it for the Rasorian method. It must ever be remembered, however, that irritation, or even inflammation of the gastro-intestinal mucous membrane is frequently complicated with pneumonia. This is to be ascertained by the tongue, by the state of the secretions, and by the increased sensibility of the stomach and bowels to drink and medicine. When such complication exists, it renders the treatment more difficult. The antimonial medicines must be abandoned, and leeches should be applied to the epigastrium. We must trust then almost entirely to general and local blood-letting. It is curious that Laennec, a French physician, does not regard this complication as any bar to the administration of large doses of emetic tartar. His decided antipathy to the doctrine and practice of his countryman and rival, M. Broussais, appears to have led our worthy author into a dangerous kind of opposition on this point.

Before quitting the subject of treatment, it is proper to notice the plan first introduced by Dr. Hamilton, of Lynn Regis—namely, the administration of calomel and opium till the mouth is affected. His practice was, after bleeding and opening the bowels, to give from one to five grains of calomel, combined with from a quarter to a grain of opium, every six, eight, or twelve hours, according to the urgency of the symptoms, the patient being ordered to drink plentifully of diluent fluids in the mean time. The success attendant on this plan, "was such as to fill him with astonishment." The writings of Armstrong, and many others, have tended to confirm the utility of Dr. Hamilton's practice, with some modifications. When we consider the great influence of calomel and opium in resolving inflammation in the liver, the eye, the heart, and the serous and mucous membranes, we see no reason to doubt its power over inflammation of the parenchymatous structure of the lungs. The plan, therefore, should not be suffered to go into oblivion from prejudice. From the long established efficacy of this combination in dysentery, where there is unequivocal irritation, as well as inflammation, of the mucous membrane of the bowels, we have every reason to believe that it would be an important remedy in the complication of peripneumony with gastro-enteritis—a disease which is equally dangerous and difficult to manage by the common modes of treatment.

There is a state, near the conclusion of peripneumony, which embarrasses the young practitioner more than other periods of the complaint. It is that, in which the expectoration is going on favourably, and the patient is apparently in progress to recovery, but where, from sudden cause, the expectoration suddenly stops, and suffocation is menaced. The practitioner is undecided whether to give stimulants or to abstract blood. In such a state the loss of a few ounces of blood generally seals the patient's fate—and a few doses of carbonate of ammonia, in almond mixture, often restores the expectoration, when life is fast ebbing, and where nothing but this restoration of the process of expuition can save the patient. We have never found any medicine equal to the carbonate of ammonia in such cases; and we have seen many lives saved by its judicious administration. From five to fifteen grains should be given every hour or two till the expectoration recommences, when the dose should be lessened, and the intervals lengthened.

We now bring this article to a close. By means of small type, large page, and patient concentration, we have brought together a vast mass of important information on the subject of peripneumony—the laborious production of various practitioners in different and distant countries. This may serve as a specimen of the advantages which the public derives from the press—and especially from the periodical press. For little more than *four-pence sterling*, our readers have got the *substance* of some octavo volumes! We hope to make the remainder of our pages equally pregnant with useful practical matter, as those occupied with our first article, which is necessarily long, as the leading article of this quarter's number. The Review Department in the other Fasciculi will be in opener type, like that in the first page.

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## II.

### *On Malingering; or, feigned Diseases.* By Dr. CHEYNE.

[Dublin Hospital Reports.]

MAN's journey through life is a perpetual contest between pleasure and pain. He is constantly grasping at the former, and endeavouring to ward off the latter. In the eager pursuit of pleasure, he will frequently undergo a very long course and intense degree of pain—though the former is often transient, or even nugatory, when obtained; while the latter is always real, and not seldom destructive, before the object for which it is encountered can be accomplished. It is difficult to say whether war or peace be the condition designed for mankind by Nature. If we consult history, we shall find that the former has predominated over the latter—and if we examine minutely into the constitution of the human mind, and the play of human passions, we shall have little ground for anticipating the promised milennium, under the present dispensation of things! But leaving speculations of this kind to the NATURAL philosopher, who is often imperfectly acquainted with HUMAN NATURE, we may remark that the medical philosopher, whose destinies lead him into naval and military life, comes in contact with no small number of sailors and soldiers who, in battle, will excel the heroic actions of Achilles and Hector; but, when the day of carnage is past, will undergo tortures inconceivable, to get out of the "paths of glory," in order to fall back into the dull and insipid routine of civil life. It is nearly two thousand years since Horace humorously described the FACT of "nemo contentus," but he has not been very happy in ascertaining the true cause. Were

we disposed to enter into metaphysical, or rather physical investigations, we think we could elucidate the etiology of this contrariety in human nature, by somewhat more satisfactory reasons than the Roman satirist has adduced; but into these domains we dare not venture in this place.

We do not think it worth while to search the records of antiquity—or even Dr. Good's "Study of Medicine," to ascertain whether a Chaldaic, Arabic, Greek, or Roman name, has been given to a class of diseases which have more precise and determinate causes than any in the whole range of nosology. Neither is the disease rare or uncommon. It has prevailed in all ages of the world, and among all classes of society. What was the long INDISPOSITION of ACHILLES, at the seige of Troy? A huge fit of MALINGERING! But Achilles was a great man, and his malingering nearly ruined the Greek cause—therefore he has been rewarded with immortality in the deathless verse of Homer! Malingering indeed is not confined to the RANKS in the army—nor is it only to be found BEFORE THE MAST in our fleets. When an officer finds a ship or a regiment uncomfortable, he is seized with a fit of malingering—and is removed to another. When the statesman finds the helm of politics unmanageable, he is attacked with the malingering malady—or his wife is attacked with it, which is the same thing, and he quits his post. Nay, there is scarcely a private family in which the medical practitioner will not occasionally meet with a sulky Achilles or a foreboding Cassandra, malingering for some secret purpose. In these last cases, however, there is little mischief done. If the doctor is deceived, and prescribes strong medicines, the patient takes good care to throw them into the fire—if he detects the imposture, he prescribes some very pleasant julep, pockets his fee, and the malingering fit is allowed to take its course. But it is very different in the public service. The naval or military surgeon must decide between real and assumed diseases—between those produced by inevitable causes, and those induced by art, for the purpose of deception. And truly this is no easy task. It is difficult to discriminate between an ulcer kept up by irritating substances clandestinely applied, and one that is maintained by a peculiar habit of body. The moral evidence of malingering is not to be got. There is a free-masonry among soldiers and sailors that completely seals their mouths against any thing like blabbing the secrets of their messmates. Indeed there is great reason to believe that, in some regiments, the methods of malingering have been regularly systematised, and handed down as heir-looms for the benefit of those who may be inclined to make trial of them.

The following picture will shock the eyes of our innocent civilians, who look up to the heroic soldier as the BEAU IDEAL of human valour and simplicity of heart.

"As allusion has been made to ophthalmia, I may take the present opportunity of observing, that I never saw a more humiliating picture of depravity, or perversion of reason, call it what we may, than I have witnessed in a ward filled with soldiers labouring under that disease; most of the cases, as I learnt from the surgeon in attendance, being factitious. The methods, by which inflammation of the eye is produced and maintained, have not all been brought to light, but quick lime, infusion of tobacco, the gonorrhœal discharge, cantharides ointment, nitrate of silver, blue stone, and other metallic salts, are probably among the most common irritants employed. Inflammation thus caused is most painful, and is kept up under every privation which can make life miserable: locked up in a dark ward, and permitted to have intercourse only with the officers of the hospital, nurses and orderlies, confined to diet which, from the absence of every stimulating material, is most disrelishing, suffering under painful external applications, and nauseating internal medicines, phlebotomized and leeched till their complexions are bloodless, their pulse hæmorrhagic, and the frightful train of nervous symptoms, which excessive bloodletting produces, is established in the system.—All these evils, in many cases

have no effect but to confirm the soldier in his determination to destroy one or both of his eyes, that he may be dismissed from the service with the chance of a small pension.

"Wonderful indeed is the obstinacy which some malingerers evince. Night and day they will remain with the endurance of a fakir, in a position the most irksome. For weeks or months many men have, with surprizing resolution, sat and walked with their body bent double. Some have continued to irritate sores in the leg until the case became so bad as to require amputation of the limb, and many instances have occurred, in Military and Naval hospitals, of factitious complaints ending fatally."

The medical officer is placed in an awkward predicament in many cases. Men have been suspected of malingering, when concealed disease was going on internally, and punishment has been inflicted where the unfortunate sufferer has been labouring under natural afflictions. Thus a soldier of the 9th regiment of foot, who complained of great uneasiness in the loins, was treated as a malingerer, "and was sent to punishment drill, at which he was kept till a tumour appeared in his back, symptomatic of a lumbar abscess, of which the poor fellow died." Humanity shudders at such a history! But we must now proceed to notice some specimens of malingering, which will not be devoid of physiological interest.

1. *Paralysis.* This is often feigned by the soldier. Dr. Cheyne augurs that it is so, when it comes (or is said to come) on suddenly in *one* member, the rest of the body being free—the health good—and the sensorial functions in a state of integrity. These reasons are not proof positive, in our minds, though they may fairly lead to suspicion in military life. Smart shocks of electricity generally cure these malingerers. Some, however, have had stoicism enough to resist all electric batteries. A trooper of the 12th pretended he had lost the use of his right arm, and, after numerous attempts to detect or cure him, he was discharged. When fairly seated on the top of the coach, he waved the paralytic arm in triumph, and cheered at the success of his plan.

"A militia soldier, who pretended that he had lost the use of his inferior extremities, was reported unfit for service, by the late Dr. Harvey, and discharged. When he had obtained possession of his discharge, he caused himself, on a field day, to be taken in a cart to the Phœnix Park, and in front of the regiment, which was drawn up in line, he had the cart driven under a tree, upon which he hung up his crutches, leaped out of the cart, sprung three times from the ground, turned his back to the regiment, and having slapt his breech, he scampered off at full speed."

Surely there must be a defect in the laws to allow such scandalous proclamation of persevering falsehood and deception.

2. *Deaf and Dumb Malingerers.* As those who are born deaf never acquire speech, however perfect may be the organs of the latter faculty, so the soldier, thinking that these two defects must be necessarily connected, pretends to lose the two faculties at the same time. This, in itself, Dr. Cheyne thinks a sufficient proof of imposture; as it is improbable, in the highest degree, that paralysis of the two sets of organs should occur at the same instant, the health and mental faculties being otherwise good.

3. *Eneuresis*, or incontinence of urine, is a common case of malingering. It is detected by giving a large dose of opium in disguise, when the malingerer will fall asleep, and pass the whole night without wetting his bed.

4. *Epilepsy.* This disease is often simulated, and is sometimes extremely difficult of detection. The author relates a case, where a soldier feigning a paroxysm, was unmasked by an assistant putting some spirituous tincture into the man's eyes. He could not bear the pain of this—suddenly left off his contortions, and jumped up, to the no small amusement of the bye-standers.

5. *Insanity* is a species of malingering which is equally difficult to feign and

detect. Dr. Cheyne gives a long list of distinctions between real and counterfeited insanity, some of which are curious, if not whimsical. Thus, he says, there is often, in the nature of this paroxysm, something which is inimitable—as, for example, "an astonishing power of stringing rhymes together." This probably explains the near alliance of poetry to madness.

6. *Hæmoptoe* is rather a favourite disease with soldiers who wish to obtain their discharge. It is detected by careful examination of the chest, and of the attendant symptoms. The complaint is feigned by bringing blood, by means of small punctures, from some part of the mouth or nose, as from the gums, fauces, Schneiderian membrane, &c.

7. *Phthisis.* Who would expect that this disease should be selected for imitation! Yet the malingerer "will often undertake a perfect portrait of that disease, and this he will sometimes execute with great cleverness." These people shew themselves more attentive students of symptomatology than some of their medical attendants.

8. *Palpitation of the Heart.* This is produced by taking white hellebore, as proved by Mr. Copland Hutchison.

We shall conclude this article with the following extract, which may be useful to the routine practitioner, who pins his faith on the doctrines and practice of Abernethy, to the ruination of hundreds of stomachs annually.

"Perhaps I may be permitted to remark that the present treatment, adopted by many civil as well as military practitioners of medicine, for the cure of supposed liver complaints, or even of actual liver complaints of a slight kind, is sometimes productive of very sad consequences. Many a course of mercury is undergone, to the indescribable discomfort of the patient, for pains seated in the intestines, in the duodenum or colon, perhaps in the biliary ducts, or even in the liver itself, which would have yielded to cupping, blistering, common purgatives, and a change of regimen. Thus, for example, there is a pain in the right hypochondrium which belongs to hysteria, which will yield to aloetic purgatives, the belladonna plaister, to infusion of valerian and snake root with ammonia, change of residence, exercise in an open carriage or on horseback, and light animal food without wine, which has entailed on many a sufferer, not one, but repeated courses of mercury, each in succession tending more and more to confirm the pain, till at last, by these means, the comforts and prospects of the patient have been utterly destroyed. Moreover, a great proportion of the cases of dyspepsia, which are generally treated on what is called Mr. Abernethy's plan, may be removed, with equal certainty, without giving a grain of mercury, by means of a pill every second evening, containing aloes, if it agrees, if not, a pill which will act slowly and moderately, a draught before meals containing some bitter infusion with an alkali, or some nervous medicine, carminative, or chalybeate, according to the case, appropriate diet and regimen, and change of residence. My opportunity of observing most of the varieties of disordered digestion, and my experience in treating them without mercury, leads me to protest against the present routine of practice in these cases."

It would be a merciful dispensation of Providence, if every young practitioner were to have one year's misery of dyspepsia—say the first year, when he would have plenty of time to attend to himself! It would save some thousands of his future dyspeptic patients from the murderous practice of blue pill at night, and black-broth in the morning—a practice which we verily believe inflicts a greater annual amount of moral and physical sufferings on humanity, than all the other "errors of medicine" put together! We seriously advise the rising generation of the profession to look to this in time. The non-professional public is every day acquiring experience on this point; and we have the means of knowing, that an important revolution is on the eve of bursting forth, in respect to the propriety of deluging the dyspeptic stomach with drastic medicines.

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### Art. III.

*Cases illustrative of some of the Appearances observable after Death, when Dropsical Effusion has been connected with Disease of the Liver.* By Richard Bright, M.D.

[Reports, &c. from Guy's Hospital.]

"Quum vero a splene aut hepate in hydropem transitus fit, effugiunt non valde."—Hippocrates, *de Affectionibus, lib.* xiv. *cap.* xxiii.

"Neque ignoro, Erasistrato displicuisse hanc curandi viam: morbum enim hunc *jocinoris* putavit: ita illum esse sanandum."—Celsus, *lib.* iii. 21.

"Corrupti jecoris vitio vel splenis acerbus crescit hydrops."—Serenus Samonicus.

THE three quotations which we have introduced from three of the most ancient works on medicine, will shew at what an early period dropsy was traced to disease of the liver. Erasistratus, like some hobby-horse riders of modern times, wrote a book to prove that dropsy was *always* dependent on hepatic disease; but the remark of Celsus on this doctrine is equally terse and true. "Sed primum, non hujus visceris unius hoc vitium (hydrops) est: nam et liene affecto, et in totius corporis malo habitu fit." Loco citato. We shall not, however, wade through the innumerable speculations which have been entertained as to the nature, causes, or treatment of the different species of dropsy. We shall only remark one or two curious facts; first, that the father of physic recognized certain cases of anasarca which occurred suddenly in robust constitutions, and required blood-letting.—*De Victu Acutorum*, lxii. How far Hippocrates anticipated modern pathologists on this point, it is not necessary to inquire. The second remark is, that Areteus appears first to have noticed hydatid—or rather ovarian dropsy, in which paracentesis was not effectual. This sagacious disciple of Esculapius made a confession, which, though unpalatable to the "march of intellect" in the present day, contains, nevertheless, some truth. He tells us that few have been cured of dropsy—and that those who have been so fortunate as to escape, may thank the Gods, rather than the doctors, for their recovery!

But we must come at once to the work before us. In our last number, we

gave an analysis of Dr. Bright's first division, in which an attempt was made to prove that many cases of dropsy depended on certain organic changes in the kidneys themselves. The next division relates to the etiology of dropsy, as connected with hepatic disease. Dr. B. sets out by expressing a conviction, that many cases of this effusion are owing to renal, which are set down to the account of hepatic affection—but, at the same time, he entertains no doubt that, "in many other cases, the liver is the real cause of the dropsical effusion, frequently shewing most extensive disease, when the kidneys are quite healthy." In fact, it did not escape Dr. Bright's notice—and it cannot escape the notice of his readers, that, in almost every case which he has detailed of *renal* disease, in connexion with dropsy, there was also more or less of disease in the liver. The dissections of Morgagni, Bonetus, and Lieutaud, corroborate the facts disclosed by Dr. Bright, and all these circumstances, taken in connexion, tend to throw a considerable shade of doubt on Dr. Bright's doctrine of the renal origin of dropsy. The same doubt, however, does not apply to the present section of the work under review.

In the preceding section, Dr. B. had often expressed himself thus:—"The liver shewed a tendency to granulation"—thus intimating a doubt as to the existence of actual change of structure. Dr. B. explains himself in the following terms.

"The fact is, that the liver in these cases has usually preserved its natural figure; the acute margin has been perfect, and the general size has not been augmented; the peritoneum has been quite transparent, and attached only in the ordinary degree to the viscus; the texture of the liver has neither been unnaturally firm nor morbidly flaccid; but, on examining the surface, it has been evident that the colour was less uniform than in perfect health: the whole was marbled, consisting of very small light spots in a darker ground; but on making a section perpendicular to the surface, though the same general variety of colour has been observed, yet in some parts of the section it has been doubtful whether the darker or the lighter part should be considered as the ground-work: in general however, by attentive observation, it will be found that, in the centre of the lighter spots, small depressions or openings are visible, and that the darker parts appear to be the connecting medium of the lighter parts, which seem to be the acini of the glandular structure. Although in most cases these appearances scarcely attract attention, yet in other cases they become more obvious, either the white portions becoming larger in proportion, or the whole viscus appearing to have lost a little of its natural pliability, to have become hard, and to break down with a slightly granulated fracture."

In all these cases, Dr. B. observes, "the secretion of the bile is tolerably natural, the gall-bladder being well supplied with bile, of a sufficiently dark yellow colour." We have reason to believe, that much error has arisen respecting the healthy secretion of the liver, because the colour of the bile has appeared natural in the gall-bladder and in the secretions. It should be recollected that it is in the gall-bladder the bile assumes that colour which tinges the fæces—and that only a certain portion of the bile that passes into the intestines has ever been in the gall-gladder. Now the biliary secretion may be much changed, and yet that portion of it which regurgitates into the above-mentioned reservoir may

there assume the *usual colour*, while greatly deficient in its other qualities. We must not, therefore, be guided entirely by the colour of the motions, but by the smell, and other properties. How often do we find the secretions unbearably fetid, while their colour is brown, or even yellow? The states of the digestion, the complexion, nay, the urine itself, are all influenced by the state of the biliary organ.

Besides the appearances above described by Dr. Bright, in the livers of dropsical subjects, he has occasionally seen the organ deviating in its consistence from the natural state, "being either too firm or too flaccid," though such changes are doubtless seen where no dropsical effusions obtain. From the prominent place which the renal disease appeared to hold in these cases, our author was induced to consider the hepatic derangement as secondary or subordinate, "though not impossibly the state of both these organs depends on the same general constitutional affection; and I have sometimes even thought that the tendency to granulation, where it existed, maintained a certain relation, in its progress, to the disease in the kidney." Moreover, the author justly remarks, that there are hepatic derangements, unaccompanied by obvious disease in other organs, which may probably be, with propriety, considered as laying the foundation of dropsical effusions. To a detail of cases of this kind Dr. Bright next proceeds, and we shall follow him.

*Case* 1. W. Taylor, aged 66, by profession an architectural drawer, but now a pauper, was admitted on the 4th January, 1826. He confessed that he had lived hard, and it was evident that reverses of fortune and disappointed hopes, might have injured his *morale*. For the four preceding months, his appetite had failed, and still more recently his legs began to swell; his abdomen became tumid, and his flesh wasted. His countenance was sallow, conjunctivæ slightly yellow, bowels relaxed, pulse weak, abdomen tender on pressure, especially in the region of the liver—and altogether he had the appearance of being completely broken down. The motions did not seem deficient in bile, nor unnatural in colour; but the urine was loaded with a pink sediment, and was not coagulable by heat. We need not give the details of 16 days' unsuccessful practice. On the 20th January he sat up, and seemed more revived. In the evening he was seized with dyspnœa, and died in the night.

*Dissection.* No effusion into the cavities of the pleura—very little of the lungs was crepitous; yet they were not hepatized nor tuberculated. They were congested, and loaded with serum—in short, they were œdematous. Heart sound—abdomen contained seven or eight pounds of clear straw-coloured serum—body and limbs œdematous. The intestines unaffected. Liver contracted, and of a morbid structure throughout, apparently from depositions of minute portions of yellow matter. The surface presented a general rough granular feel, the colour being a liver red and yellowish gray. The same structure pervaded the whole of the interior. The liver was, upon the whole, smaller than natural, and broke down easily with a brittle crisp fracture, uneven and granular. The gall-bladder was opake and thick, containing the usual quantity of bile. The orifice of the ductus communis was contracted

into a nipple-like projection, with an orifice not larger than to admit a pin. The gall-bladder contained a deep-coloured viscid bile, and, when emptied, presented, on its internal surface, a number of minute yellow bodies, rather larger than millet-seed, and soft. The pancreas was soft—spleen very small—the kidneys smaller than natural, but perfectly healthy.

In the above case, from the appearances on dissection, Dr. Bright was led to suspect, that part of the structural change in the liver might depend on some deposit from the bile similar to that which obtained on the inner surface of the gall-bladder. Dr. Bostock was, therefore, applied to, for the purpose of chemically examining into this point. Dr. B.'s chemical processes are given, in a letter from that gentleman; but we shall content ourselves with the results.

"From the above observations I think we are warranted in concluding, that the liver which you sent me for examination contained a quantity of a substance nearly resembling cholesterine, the body which forms the basis of the biliary calculi. I do not venture to determine concerning the nature of the connexion which subsisted between this substance and the liver, but I should conjecture that it had been secreted by the arteries of this organ, and deposited in its cellular texture."

*Case* 2. J. Macdonald, a youth of 15, was admitted on the 21st of June, 1826. He was of weakly constitution, but said he had enjoyed good health till within two months. At that time his legs began to swell, and latterly his abdomen. It was now considerably enlarged, and a tumour could be distinctly felt in the region of the liver. The legs were slightly œdematous—emaciation general—urine scanty, and *not* coagulable. Diuretics and mercurials were given, and some slight improvement ensued; but, about the beginning of September, the boy became evidently worse, and on the 27th of that month he was tapped, when three gallons of straw-coloured serum were drawn off. On the 1st of October, the tumour of the liver is reported to be felt completely tuberculated. He died exhausted on the 16th October.

*Dissection.* There were slight marks of peritoneal inflammation, and some flakes of coagulable lymph in the abdominal effusion. The liver was externally tuberculous, of a light yellow colour, with deep fissures on its surface, apparently arising from partial contractions in the substance of the organ, or its adventitious investing membrane. The liver, which was about one third larger than natural, was also increased in density and specific gravity, cutting with considerably more resistance than boiled udder, to which it bore some resemblance. Its whole structure was composed of bright yellow granules, distributed in a transparent pinkish ground, the two parts bearing nearly an equal proportion. There was no appearance of tubercular structure in the organ. The gall-bladder was contracted, containing a small quantity of dirty-looking bile—kidneys rather pale, with irregular vascularity—lungs and heart quite healthy.

*Case* 3. Thomas Holbeach, aged 60, was admitted on the 12th October, 1825, in a lamentable state of dropsy. His whole body was unwieldy—his legs and thighs greatly swollen, with ill-conditioned ulcers on his shins. He lies propped up in bed, continually moaning. Urine is scanty and rather high-coloured—motions frequently loose, but not very deficient in bile—tongue dry and brown. He was ordered squills, blue-pill, and opium, with some diuretics; but although he

sometimes shewed symptoms of amelioration, he sunk exhausted on the 23d November, about five weeks after he came to the hospital.

*Dissection.* On opening the abdomen a singular appearance presented itself to view, when the water was drawn off. All the viscera stood rigidly raised like rock-work. The liver formed two whitish flesh-coloured masses, the edges thickened and rounded, and the whole surface somewhat tuberculous. Below the liver, to the left, was an irregular mass, purplish in colour. It was found to be a mass of omentum and colon matted together by an adventitious membrane, which appeared to cover the whole. Below this were seen four or five convolutions of intestine perfectly erect and stiff, of a purplish green or livid colour, covered by the same adventitious membrane. These convolutions felt thick, hard, and elastic. The substance of the liver was found hardened throughout, the structure nearly resembling scirrhus, with bands of thickened cellular membrane, like ligamentous matter pervading every part—in some places forming one third of the whole structure. There were no tubercles in the interior of the organ, which felt nearly as hard as cartilage. There were old adhesions between the liver and diaphragm. The gall-bladder was contracted, and covered by false membrane, and contained bright yellow bile, the ducts being pervious. The coats of the intestines were, in some places, the sixth of an inch in thickness. The kidneys were healthy —the lungs, in some places, œdematous and flabby, but, on the whole, not unhealthy. There was some effusion into the cavities of the thorax and pericardium.

Having thus given three out of the seven cases detailed by our author, in illustration of his subject, we do not deem it necessary to notice any more.

Dr. Bright observes that the foregoing cases present at least three distinct morbid conditions of the liver, all terminating in dropsical effusion into the abdomen. Thus, in one case, (W. Taylor) a distinct morbid deposit, or a conversion of matter had taken place around or in the secreting portion of the organ, which, without interfering with the natural consistence of the liver, rendered its surface rough, and its whole texture deranged and granular.

In another case, (No. 2, Macdonald) both the secreting part and the connecting cellular tissue of the liver had suffered a change of structure nearly in an equal degree, so that the whole viscus was brought to an unusual state of firmness. The acini were enlarged, and the parenchymatous substance was thickened, and brought to a state of semi-cartilaginous hardness, without being drawn into bands.

In a third case, (Holbeach) the diseased state of the cellular membrane seemed to have advanced much further, so that it had formed bands in various directions, not unlike a scirrhous degeneration either in the appearance or the consistency which it assumed. "Yet the secretion in the organ had not been entirely obstructed."

In one case there were no semi-cartilaginous bands of hardened cellular tissue, but the whole organ was changed into globular concretions, harder and more tough than in the natural condition—easily picked out of the cavities in which they were imbedded, and sliding pretty readily over each other, so as to render the whole tough and pliable. In some, there will be found cysts or tubercles—in others a series of abscesses—in short, it would be endless, and moreover useless to enumerate the almost infinite variety of changes which may be seen in diseased livers.

We now proceed to notice Dr. Bright's mode of explaining the way in which the hepatic disease produces the dropsical effusion.

"It appears," says he, "that all of those (organic changes) just now described produce very general obstruction to the circulation through the branches of the vena portæ, and become, in this way, the immediate cause of dropsical effusion, independently of any morbid condition which may result to the blood by its not having given off those substances from which it is purified, while the process of secreting bile is carried on in its full extent. It is these general changes in the structure of the liver which give rise to dropsy, more frequently than any of the circumscribed changes,—as tubercles of various kinds, and hydatids occurring imbedded in the substance; for the influence of these, as long as from their situation they make no immediate pressure on the large vessels, is often very small in favouring serous effusion, however much they may wear out the constitution by the irritation they produce."

For a long time we were in the habit of taking this mechanical view of the production of serous effusions in diseases of the liver; but we have given it up, and believe that it is quite erroneous. That mechanical pressure on veins will produce serous effusions or infiltrations, we admit; but, where is the proof that there is any actual obstruction to the mere flow of blood through the vessels of the liver, in diseased conditions of that organ? In many of the dropsical cases, the organ was not enlarged, but rather diminished, and, consequently, could not press on the contiguous vessels returning blood to the heart—in others, the liver was only triflingly enlarged. Yet we frequently see both the liver and spleen enlarged to an amazing size, without any symptom of dropsy. How many tumours do we find developed in the abdomen, and arrive at an immense growth, which must press upon all the neighbouring vessels, yet without dropsy. These facts did not escape the penetration of the illustrious Bichat, who resolutely denied that dropsical effusions in the abdomen and body generally are to be looked upon as resulting from mechanical obstruction to the passage of blood through the liver—an obstruction which, in fact, has never been shewn to exist. But it will be said that LOWER tied the cava inferior of a dog, and produced dropsy of the abdomen. This was effecting mechanical obstruction with a vengeance! When Dr. Bright, or any who support his doctrine, shew us this obstruction, by injections of the organ, we shall then admit it as the cause of dropsy, but not till then.

It is far more reasonable to conclude that either the causes which produce the liver-disease effect also the dropsical disposition—or, that the altered, and consequently morbid condition of the biliary secretion leads to the serous effusions, by disordering the functions of various organs in the animal economy, including the kidneys, thus vitiating the blood and all other fluids in the body. We have already commented on the fallacy of concluding that bile was healthy if it had the usual colour. The experiments of Dr. Bostock, appended to this section of our author's work, prove that the qualities of the bile were unequivocally deteriorated in the various specimens examined. Thus, in one specimen, upon minute inspection, some portions exhibited a yellow tinge, while others were of a light flesh-colour.

"The flesh-coloured part seemed to consist of a dense substance of a uniform texture, while the yellow part appeared to be composed of a number of irregular spots, which gave the peculiar colour to this part imbedded in the dense substance."

In another specimen, Dr. Bostock observes, "the bile was considerably lighter coloured than natural, less viscid, and had a very nauseous odour. It became rapidly putrid, and was then extremely fetid." By chemical examination, he found it to contain a substance that might be considered intermediate between albumen and mucus, "while the resinous or proper biliary matter was much more than ordinary."

In a third specimen, besides other changes, Dr. B. observed "a number of black particles diffused through it, which very slowly subsided." In a fourth specimen, the bile was "unusually thick and tenacious, and of nearly a black colour." It was found to contain a large quantity of a mixture of albumen and mucus. In a fifth specimen, the bile contained a considerable number of biliary calculi, from the size of a pea to that of a grain of sand. In a sixth specimen, the fluid would not have been "recognized as bile," had not Dr. Bright informed Dr. Bostock that it was taken from the gall-bladder. Its consistence was like that of serum, but more tenacious—its odour offensive—its colour a bright light orange. It was neither acid nor alkaline.

Now, in many of the cases from which these specimens of vitiated bile were taken, the motions had a nearly natural *colour*, and hence it was concluded that there could be nothing wrong with the function of the liver, whatever might be the degree of organic change. That this is a great error, we may infer from analogy as well as observation. Do the lungs perform their proper function when disorganized? Do the kidneys secrete healthy urine when their structure is altered? Certainly not. And why should we expect healthy bile (whatever may be the colour) from an unsound liver?

In carefully examining the dissections given by our author, we scarcely find a single instance in which the peritoneal surface was not in a diseased state—either covered with false membranes, or shewing other unequivocal signs of previous inflammation. This fact at once does away with the theory that the dropsical effusion is the result of mere mechanical obstruction to the flow of blood through the liver. The fact is, that the pleura, as well as the peritoneum, takes on a morbid condition in these hepatic diseases, and hydrothorax, ascites, and anasarca, are generally combined.

A perusal of the cases brought forward by Dr. Bright, and a careful observation of facts in actual practice, would lead us to conclude that the structure or function of the liver was disordered, when dropsical effusions and waste of flesh appear in an individual not labouring under any organic disease of the heart or lungs, and who has not been recently subjected to those causes which induce an inflammatory dropsy. To this conclusion we would be induced to come, even if the stools were yellow—seeing, as we have done, that in one of

the worst specimens of bile examined by Dr. Bostock, the *colour* of that fluid was a "bright light orange." Now, in such a case, if the alvine secretions were found of the same colour as the hepatic, the practitioner would exclaim—"Oh, here is bile as healthy as that of an infant!" Yet Dr. Bostock says, in his letter, that he should not have recognized it chemically as bile, had not Dr. Bright assured him that he took it from a human gall-bladder! Such are the fallacies to which the science of medicine is subject. Every path we tread—every step we take—every indication we act upon, is pregnant with such errors—and the whole practice of medicine, in fact, requires cleansing, as much as did the stable of Augeus.

Tales of error have been hummed into the infant's ear, while rocked in his cradle, or fondled at the breast—they have been engraven on his sensorium and some other parts, at school, by dint of the birch—they have luxuriated into gorgeous forms of classic and philosophic imagery in cloisters and colleges—they have been delivered, ore rotundo, in the assumed garbs of solemn truths and scientific dogmas, in the dissecting room, the class-room, and the clinical ward—they have rolled, and do roll in volumes from the press, with all the impetus and velocity which high-pressure engines and the power of steam can confer—the false notes have been circulated so freely as sterling ore, that nobody thought of examining the water-mark of truth—in short, these tales of error have been more greedily perused than the book of Nature, as fostering at once the indolence of the mind, and the ease of the body; and, in this way, the field of medicine has become choaked up with weeds that will require many centuries to root out! We must return again to the paths of Hippocrates and Sydenham—and close observation at the bed-side of sickness must supersede the theories of the closet, and the dreams of the chemical and the mechanical philosophers.

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## IV.

### *On Dislocations of the Vertebræ.* By W. LAWRENCE, F. R. S.

[Med. Chir. Trans. Vol. XIII.]

SOME of our best surgical authorities maintain that, with the exception of the first and second bones of the neck, complete dislocations of the vertebræ, without fracture, are nearly impossible. Boyer, Delpech, Sir Astley Cooper, may be cited on this side of the question. Other surgeons (and even physicians) have affirmed, that the said bones may be luxated. RUST says, that even the lumbar and dorsal vertebræ may be dislocated—and German research has pointed out several recorded cases of this kind—but, whether true or false,

is another question. One case Rust mentions as having been treated by himself. "The injury was produced by a severe fall on the head. The neck was bent completely to the right side, the upper extremities being paralyzed, attended with hiccup and convulsions. Replacement was immediately attempted, and succeeded. I made the patient sit on the ground, and had the head drawn straight upwards by a strong assistant. The patient got well under the employment of cold locally." Mr. Bell mentions a case of complete dislocation between the last dorsal and first lumbar vertebræ, with entire division of the spinal marrow—but a small portion of bone was broken off.

"The greater mobility (says Mr. Lawrence) of the individual bones, the comparative smallness of their bodies, and the obliquity of the articular processes, point out the cervical vertebræ as those most likely to be luxated; at the same time, the form of the neck, and its connexion with the head, are favourable to the application of such violence as may cause luxation. Hence not only does dislocation of the atlas occasionally occur, but we have also instances of luxated articular processes in the case of the five inferior cervical vertebræ. Baron Boyer even considers that this may happen without external violence, and that the inferior articular process of a cervical vertebra may be carried in front of the superior articular process of the vertebra below it, by a sudden and forcible rotation of the head and neck towards the opposite side. He says that, 'Desault mentioned in his lectures the case of an advocate, who met with this kind of dislocation, by turning his head suddenly round to see who was coming in at a door situated behind his seat. Chopart also shewed us a young man, 24 years old, in whom a similar accident had occurred, in consequence of an extreme rotation of the head, leaving the head permanently inclined upon the left shoulder.'"

Sir Astley Cooper never saw an instance of the dislocation without fracture, but does not deny its possibility. In the anatomical museum of Bartholomew's Hospital, there are some specimens of this accident; but we proceed to Mr. Lawrence's own cases.

*Case* 1. C. B. aged 22, was brought into Bartholomew's Hospital on the 8th January, 1827. He had slipped while carrying a heavy barrel, and fell with the weight resting on the head and upper part of the back. He was instantly deprived of sensibility and motion in the trunk and limbs. In this state he was carried into hospital, all below the neck paralyzed, except the diaphragm. The chest was motionless—pulse weak—body cold—priapism. No irregularity was perceptible in the line of the spinous processes. He lived till the morning of the 12th, viz. better than three days, when he expired, apparently from interruption of the respiratory process.

Dissection. No external displacement could be detected in the dead body. But the following examination shewed the nature of the injury.

"After cutting away the muscles from the back of the spine, the cartilaginous surfaces of the superior articular processes of the fifth cervical vertebra came into view: they were exposed in consequence of the inferior processes of the fourth vertebra having been completely dislocated forwards, and remaining fixed in their unnatural position. The yellow ligaments connecting the laminæ of the two vertebræ (ligamenta subflava) were torn through, and the bifid apex of the fourth spinous process lay in close contact with the basis of the fifth. On the front of the

column an unusual projection was observed, but the anterior longitudinal ligamentous expansion was entire. The body of the fourth was completely detached from that of the fifth vertebra, the connecting fibro-cartilage being torn through, and the body of the former projecting by its whole depth in front of the latter. In consequence of this displacement, the antero-posterior diameter of the vertebral canal is lessened by about one-third. The section of the bone was not made till some days after death, so that the recent state of the spinal marrow could not be estimated."

The following curious case happened in the practice of Mr. Wigan, and the preparation was shewn to the Society with that of the former case.

CASE 2. A child, at the age of five or seven years became affected with an illness supposed to be hydrocephalus, and, after some time, a swelling took place on the side of the neck, containing obviously a fluid, which increased to a considerable size. Pressure on this affected the brain, and produced coma. It was, therefore, supposed that a communication existed between the fluid in the tumour and that in the head. After a long continuance, the tumour disappeared, together with the symptoms of the supposed hydrocephalus. There was no interruption or diminution of sensation or motion at any time, and the child became active and lively. After a time, disease came on in the lumbar vertebræ, attended with bending forwards of the spine, and the formation of a large lumbar abscess, under which the little patient sunk at the age of 12 years.

The head was examined in hot weather, and the brain had become so soft that the changes produced in it by disease could not be ascertained. Mr. Wigan brought Mr. Lawrence the base of the skull, and they were surprised to see a considerable bony prominence standing up in the right side and front of the foramen magnum. This projection was smoothly covered by the dura mater, and proved to be the dentiform process of the second vertebra. After maceration, they found an extensive displacement of the occiput, atlas, and axis, these bones being firmly consolidated in their new relative positions by bony anchylosis of several articulations. The atlas was partially dislocated towards the left; and, at the same time, thrown a little forwards and upwards—hence the right and posterior part of its bony ring intercepted a considerable portion of the spinal canal.

"The middle anterior protuberance now corresponds to the left side of the basilar process; the extremity of the left transverse process projects three quarters of an inch beyond those of the two following vertebræ, while the right transverse processes of those vertebræ project one quarter of an inch beyond the corresponding one of the atlas. A considerable part of the right side of this bone has been destroyed by absorption: that is, the surfaces by which it is articulated to the occiput and atlas, a part of the transverse process, and that groove on which the right vertebral artery rested. The axis is completely dislocated from the atlas and occiput to the right, so that its left portion intercepts about one third of the spinal canal, and the dentiform process projects by its whole length, into the cavity of the skull at the anterior part of the foramen magnum, close to the right anterior condyloid foramen."

The state of parts cannot, indeed, be well understood without seeing the

preparation or the drawing; but it is astonishing, says Mr. L. that the immediate pressure of the bony projection on the under surface of the medulla oblongata, caused no paralytic affection—"even when we allow for the very gradual manner in which it must have been produced." Mr. Lawrence will find, on searching the records of pathological facts, that this "gradual manner" of encroachment on vital organs is every thing. We see the brain itself reduced almost to a shell by the pressure of collected water in the ventricles, with scarcely a diminution of the physical or intellectual functions of the sensorium—why then should we wonder that the medulla oblongata accommodated itself to the slow growth of a bony projection in its neighbourhood?

In some interesting observations on diseases of the cervical vertebræ, Mr. Lawrence quotes a passage from a paper of Professor Rust, of Vienna, as published first in a German Journal, and afterwards enlarged in his work on Diseases of the Joints, where he states, that he saw thirteen cases of the complaint.

"Pain in the neck, becoming more severe at night, or in swallowing a large mouthful, or drawing a deep breath, is the first symptom. This pain affects one side of the neck, especially when the head is moved towards the shoulder; it extends from the larynx towards the nape, and often to the scapula of the pained side. No external alteration is perceptible; but firm pressure on the region of the first and second vertebræ produces considerable pain, and thus points out the seat of disease. The difficulty of swallowing and breathing, and hoarseness increase, alternating with pain in the neck, which seems to fix about the back of the head, and becomes intolerable on moving that part. The head sinks towards one shoulder, the face being turned a little down, for in general the articulations are affected on one side only, and that was the left in seven out of nine examinations after death. If both sides are affected the head will incline directly forwards. In this state things continue for several weeks or months; and before worse symptoms come on, there is often apparent improvement, freer motion, and more natural situation of the head. But the uneasiness in speaking and swallowing returns, the pain becomes more severe and extensive, the head falls a little backwards and sinks towards the opposite side. The patient feels as if the head were too heavy, and he carefully supports it with his hands, when he moves from the sitting to the lying position, or vice versâ. This may be considered a pathognomonic symptom of the affection. Another symptom, which at this period shows the true nature of the disease, is a peculiar expression of pain in the countenance, which, combined with the position and stiffness of the head, constitutes so characteristic an assemblage of appearances, that it is enough to have seen it once, in order to recognize it again immediately. This look of the patient, which Rust has endeavoured to represent in an engraving, consists especially in a general alteration of the features, with heavy motion of the eyes, and a dull melancholy expression of internal painful sensations. More active indications of severe suffering are observed whenever the head is moved.

"In the further progress of the case, noise in the head, deafness, giddiness, cramps and convulsions, partial paralysis, particularly of the upper limbs, loss of voice, purulent expectoration, and hectic symptoms supervene. Generally, no external change is observable, either in the neck or in the nape; and Rust observed, in one case only, swelling of the affected side, which broke and left fistulous ulcers. But the slightest pressure in the region of the three upper vertebræ is acutely painful, and sometimes in the advanced period of the disease a grating of rough surfaces is distinctly perceptible when the head is turned. The patient may continue for months in this helpless and painful state, and then dies, either from exhaustion and debility, or, which is more frequent, suddenly and unexpectedly."

Such is Rust's description of a disease which Mr. Lawrence thinks we can have no hesitation in regarding as originally ulceration of the cartilages, proceeding to destruction of the ligaments, and caries of the bones, with extension of disease, in various shapes and degrees, to the neighbouring important parts. Several allusions are made to cases observed by Reil, Bell, and others, of this affection. Rust thinks the complaint must be almost always fatal—at least it proved so in nearly all his own cases.*

In regard to the treatment, it is evident that the principles which are applicable to disease seated in other parts of the vertebral column, ought here to be put in force. On account of the proximity of great and important organs in this last disease, it is a matter of great consequence to lessen the degree and extent of inflammation, and thus limit the disorder in its early stage. Local depletion and the other antiphlogistic plans—perfect quietude—and counter-irritation, are the principal means, by which we can hope to control this formidable complaint, when it is capable of control, or within the range of cure.

In this paper, Mr. Lawrence displays his usual diligent research for materials, especially among German writers. It is not every costive English brain that could spin out thirty-four goodly octavo pages of letter-press, from two cases, one of which was not his own.

The more we see, and hear, and read, of Mr. Lawrence, the more we admire his unwearied research, his acuteness of observation, and his talent for converting the facts of others into plausible supports for his own opinions. He is generally judicious—but hardly ever original. His perceptions of what is going on under his eye appear to be very clear; but we do not think him capable of very extended or enlightened views of disease in general. In fine, we believe him to be an excellent surgeon, but only a second-rate physician. It is no small merit, however, to shine in any one of these two extensive departments of human knowledge.

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* Although we do not profess to be such "learned Thebans" as the author of this paper, yet we cannot but wonder that the work of Johannes Baptista Paletta,* the first volume of which was published in 1820, should have escaped his vigilant research. The 15th chapter of that work is dedicated to fractures and dislocations of the vertebræ, in which are recorded cases of every description, from the atlas down to the last lumbar vertebra. In the next Essay which Mr. Lawrence favours us with, he may draw on this work for very ample materials indeed.

* *Exercitationes Pathologicæ*, 2 *vols.* 1820—1826. *Milan and Paris.*

## V.

*A Practical Essay on Stricture of the Rectum; illustrated by Cases, shewing the Connexion of that Disease with Affections of the Urinary Organs and the Uterus—with Piles, and various Constitutional Complaints.* By Frederick Salmon, Surgeon to the General Dispensary, Aldersgate Street, and formerly House-Surgeon to St. Bartholomew's Hospital. Octavo, pp. 188. London, 1828.

It is no doubt true, that strictures in the urethra are infinitely more frequent than strictures in the rectum. But when these last do occur, (which, by the bye, is by no means a rare case,) they are a great deal more distressing to the patient, and detrimental to the constitution, than the former. The stomach and bowels are organs of higher importance in the animal economy than the kidneys; and, consequently, whatever disturbs their complicated functions, whether in the process of digestion, or in the evacuation of the fæcal remains, produces more serious and more numerous sympathetic disorders in the constitution at large, than any mechanical difficulty which the bladder may experience in the evacuation of the renal secretion. We are not unaware, indeed, that the irritation of an urethral stricture will occasion, in some people, considerable disturbance of constitution; but we do maintain, that these sympathetic disturbances are more distressing than dangerous—and that, in the worst cases, they are not to be compared with the effects of stricture in the rectum.

The object of Mr. Salmon is to prove, that stricture of the rectum is a very common disease, inducing other important affections—and that surgery furnishes us with means adequate to its removal or alleviation, if judiciously exercised. It is not our intention to enter into a minute analysis of Mr. Salmon's book in this place; but merely to touch lightly on some of the principal features of the work.

Under the head of "Causes and Kinds" of stricture in recto, Mr. S. examines the opinions of different surgeons. Mr. Bell considers the stricture as owing to a morbid change in the inner membrane of the intestine—not unfrequently about the inner edge of the sphincter ani. Mr. Copeland thinks the complaint may be produced by whatever excites inflammation or irritation in the inner membrane of the canal. Mr. White (of Bath) thinks the predisposing cause is the narrowing of the gut about the termination of the sigmoid flexure of the colon—which narrowing he seems to look upon as sometimes an original malformation. Mr. Salmon is disposed to agree, in some measure, with Mr. White, on this subject, and thinks it illustrates a fact he has repeatedly noticed —that of several children in the same family being afflicted with stricture.

"Any cause, however, tending to produce local irritation in the rectum, existing for a continued period, may give rise to contraction: thus, habitual costiveness is among the most frequent causes of the complaint.

"Another, and I believe a common, cause of stricture, will be found in the administration of large doses of drastic purgative medicines, a practice peculiarly tending to irritate the bowels, and, by promoting increased contractile action, to impair their natural functions. Patients have informed me, that the first symptoms of the disease followed immediately upon taking violent aperients.

"Indigestion may give rise to stricture, the acrid state of undigested matter irritating the inner coat, and, in this manner, causing improper action of the intestine."

A peculiar constriction of the anus is sometimes the cause of stricture. Mr. S. has rarely found this constriction unattended with obstruction very high up in the rectum. In females, an occasional and afflicting source of stricture is an enlarged and tender condition of the uterus, of which we have a melancholy case now under our care. Every time that a motion is procured, by nature or art, the sufferings are dreadful, and can only be allayed by the introduction of laudanum and starch into the rectum. In these unhappy cases, little or nothing can be done by surgery. The only means of mitigating the pains, are, by emollient injections, to bring away the fæces in a soft state, and afterwards throwing up anodynes.

Strictures may occur from enlargement of the prostate gland—from piles, tumours, or excrescences—in short, from any cause, constitutional or mechanical, creating irritation in the rectum, and, thus, ultimately inducing spasmodic action of its muscular coat. In process of time, the complaint changes from spasmodic constriction into permanent stricture. Our author, indeed, thinks that the greater number of strictures are, at first, simply spasmodic, but that, in time, depositions take place between the coats of the bowel, that assist in preventing the natural action of the part, ending ultimately in induration and thickening, so that all trace of the natural structure of the gut is lost.

The third chapter of the work is on the SYMPTOMS of Stricture. Insidious as are the signs of this disease, in its early stage, yet Mr. Salmon thinks they may be detected by close examination. We give the following extract from his symptomatology; observing, however, that many of the symptoms here laid down do frequently occur, independently of any stricture in the rectum.

"In its commencement, trifling irregularity of the bowels occurs, the motions being deficient in quantity, sometimes passed in small pellets, at others flattened like tape, or having the appearance of worms. Instead of the bowels being every day fully and freely emptied of their contents, a day, sometimes two, will now and then intervene without any evacuation occurring; or, what is more common, patients following their customary habits, will, at a particular period of the day, void, as they suppose an adequate motion from their bowels; yet, were they to examine the quantity, they would find it next to nothing. A sense of soreness is experienced at the anus, at the verge of which, after the discharge of the evacuations, the skin, from extreme rigidity of the part, frequently gives way, forming several small cracks or fissures distressingly annoying. Occasional pains occur in the loins and lower part of the back, which sometimes extend into the groins, particularly the left, the hips and thighs, imparting a sensation similar to cramp.

"Sooner or later decided costiveness supervenes; opening medicines are resorted to, which, affording temporary relief, satisfy the patient and his medical friend. This state of things will sometimes exist for a very extended period—for months, nay, even for years, people will from day to day administer opening medicines, increasing

the quantity in proportion as their constant use and the progressive advancement of the disorder render them necessary, till at last, weary of the trouble and inconvenience, they relinquish them. Very speedily this irregularity is followed by a difficulty of passing the contents of the bowels; after going to stool, a sensation is experienced as if the rectum was not completely emptied; persons feel a disposition, yet have not the capability to pass more relief, and endeavour by violent straining to force out the contents of the gut, which proves of little avail, serving only to produce a discharge of blood, and a prolapsed state of the bowel. As the disorder advances, these symptoms progressively increase, till at last, many days together will pass without any relief occurring, though the patient will be tormented by frequent calls, and the most painful yet ineffectual efforts."

In other instances (of which we shall presently give a remarkable example) accumulations take place in the colon, distending it to an enormous size—the whole alimentary canal becomes disordered—and inflammation of the bowels ensues, too often terminating in death. The various sympathetic disorders that are consequent on stricture in the rectum, cannot here be portrayed. The stomach, the kidneys, the bladder—in short, the general health, all suffer from this terrible disease.

Treatment. Mr. Salmon divides this into constitutional and local. In the former, however, he includes leeching the anus, cupping the perineum, &c. The main object is attention to the bowels.

"No use of instruments can possibly establish a recovery, unless the bowels are brought to a free and comfortable relief daily; to accomplish this, two points should constantly be observed—first, that we do not load and annoy the stomach by the too plentiful administration of food—secondly, that we do not irritate the bowels by an injudicious use of purgative medicines. By adopting the plan of diet hereinafter advised, we shall avoid the first evil, but the administration of medicine is of equal importance. Here I cannot too strongly deprecate the common every day's practice of giving violent doses of purgative medicine; not only is no benefit derived from such treatment, but serious injury is frequently induced. When adopted in diseases of the rectum such must be the result, since large quantities of feculent matter are driven from the small intestines into the colon, already distended, as a consequence of stricture in the rectum, and highly irritated, and thus arise frequent and distressingly painful efforts to pass motions, the straining to accomplish which, may, in extreme instances, induce inflammation, or even rupture of the intestine at the sigmoid flexure."

Here Mr. Salmon introduces the case of a lady, who died from the effects of violent purgative medicines. In a severe attack of constipation, peritonitis supervened, for which drastic purgatives were exhibited. In straining at stool, she felt something give way internally, and quickly expired. On dissection, it was found that a cherry-stone had lodged in the sigmoid flexure of the colon, where the passage was nearly obliterated by a stricture, close to which the gut had given way, and extravasation was the result. Castor oil, or the electuary of senna with sulphur, are no doubt, the best aperients, in cases of stricture. The use of injections are here of great importance; but the way in which they are employed often frustrates the intention of the practitioner. Half or three parts of a pint of thin gruel with a little castor or common oil, should be thrown gently up, and the patient should keep in bed for an hour or two after-

wards, so that it may be retained in the bowels, and thus soften the fæces before they pass the stricture. It is certainly a matter of regret, as our author observes, that the fastidious feelings of some, and the want of consistent recommendation in others, should prevent the adoption of this salutary and harmless measure. We copy our neighbours in many of their frivolities and inconsistencies, yet disdain to adopt those habits and customs that are both healthy and cleanly.

On the subject of diet, Mr. Salmon makes many judicious observations, and shews himself a warm advocate of the Abernethian doctrines.

THE BOUGIE. Mr. Salmon thinks that the constitutional treatment, however careful, can be only palliative, without the bougie. The following directions are judicious, and they are too little attended to by surgeons in general, who introduce the bougie with little or no preparation.

"One or two hours previous to the examination of the rectum, an injection is to be administered of tepid poppy water, containing forty or fifty drops of laudanum, which will tranquillize the bowel, and remove any lodgement of fæces. The patient should also be requested to make water immediately previous to the introduction of the instrument. The rectum is first to be examined with the finger, to ascertain that there is no kind of obstruction near the orifice.

"The patient, if a male, leaning over the back of a chair, or the side of a bed,* should draw aside the nates fairly to expose the orifice of the bowel. A full sized bougie, not less than eleven inches in length, thoroughly softened, and well oiled, adapted to the shape of the passage through which it is to be passed, is to be introduced, with the convexity of the first curve towards the sacrum, in which way it is to be passed upwards and backwards about two inches,† through the third portion of the bowel, provided it gives no pain, for the introduction will commonly produce an uneasy sensation; we continue to propel the bougie in the same direction, about three or three and a half inches higher, or through the second portion of the rectum; the point of the instrument will now bear directly upon the hollow of the sacrum, and the but-end towards the left side of the body. With a view, therefore, of avoiding the sacrum, and of accommodating the instrument to the great curve of the rectum, we change its position, by describing the segment of a circle from left to right, with the but-end, turning it upwards, at the same time continuing to propel the instrument. Having described this segment, we shall have carried the bougie full four inches farther, or to what may be considered the extent of the rectum. But it is yet to be introduced into the sigmoid flexure; we therefore trifflingly depress the but of the instrument, at the same time propelling it upwards, till the whole is fairly within the sphincter—this accomplished, we may be satisfied."

The patient generally complains of pain, both in the rectum and over the surface of the abdomen, when the instrument has passed about five or six inches up. If obstruction be encountered, trifling pressure is to be maintained, for a minute or two, and then, if the pain increase, and the instrument remain

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"* In females the examination being made beneath the bed clothes, is conducted without the slightest exposure."

"† The last curve of the rectum is so trifling, that it matters not whether we introduce the convex or concave part of the instrument towards the sacrum, but by passing it with the convexity backwards, we avoid the necessity of altering the position of the bougie in passing it through the second curve of the bowel."

stationary, it is to be withdrawn—a smaller size introduced—and so on, from larger to smaller, till we ascertain the bougie that passes with trifling pain or difficulty into the sigmoid flexure. The instrument should remain in the bowel ten or fifteen minutes, provided it produces no considerable irritation; at the expiration of which time it is to be removed, and allowed to harden in the shape which it had assumed in the intestine. The first introductions generally produce some irritation, and a nisus to relieve the bowels; but the rectum gets accustomed to the bougie in a short time. The operation should be repeated at intervals of three, four, or five days, gradually increasing the size of the bougie, and lengthening the period of its remaining in the bowel.

In the foregoing directions, it will be seen that Mr. Salmon differs from most preceding writers, as to the frequency of repeating the operation. Mr. Bell, after stating the constitutional treatment, directs a daily introduction of the bougie. Mr. Copeland gives similar instructions, but recommends the bougie to be left in for a longer period. Mr. White says the instrument should not remain longer in than half an hour at first—but, after some introductions, he lets it stay in the rectum eight or ten hours at a time. In general he uses the bougie daily. Against this diurnal introduction, the following objections are urged.

"The action resulting from the introduction of the bougie is twofold—dilatation and absorption. Now it must be obvious, that to produce these effects, it is necessary that a certain degree of pressure be maintained upon the strictured portion of the gut. It is by dilatation that the simple spasmodic stricture is removed, and by dilatation and absorption combined, that the permanent obstruction will be materially alleviated, if not totally cured. Our object should certainly be to dilate the passage as speedily as possible, nevertheless it should be borne in mind, that the introduction of the instrument causes a specific action or irritation, by which we overcome the unhealthy function of the part; this action, or irritation, should be allowed totally to subside before we again introduce the bougie. If, however, we daily pass bougies, suffering them to remain in the bowel for eight and ten hours at a time, I would ask, what time do we allow for the subsidence of the irritation we have created? nay, do we not encounter it at every use of the instrument, and thus rather promote than lessen the disease?

In the early period of his practice, Mr. S. followed the directions of the writers above-mentioned—experience induced him to prefer the plan which we have noticed.

The structure of the bougie is considered to be a matter of great importance. He thinks Mr. White's bougie is not sufficiently firm. It yields too readily, and consequently does not make pressure enough on the strictured parts.

"The instrument I have been accustomed to use, is composed of fine linen cloth, very heavily coated with wax, and a certain portion of diachylon plaster, mixed with a small quantity of lamp black. From immersion in very hot water, some minutes previously to being used, it is rendered soft and pliable to any extent, nevertheless retaining one regular and smooth surface. When it is introduced into the bowel, instead of becoming softer, it hardens to a degree sufficient to afford considerable resistance to the action of the stricture."

As to gum-elastic bougies, when the stricture is remote from the orifice, it is next to impossible to introduce them. Metallic ones are still worse.

The introduction of the bougie is followed by cramps in the thighs and legs —numbness—shiverings—sickness, &c. not very unlike those phenomena which follow the introduction of a bougie into the urethra. These disappear after a few operations with the instrument.

"Of all the annoyances attendant upon the introduction of the instrument, none is more troublesome to the patient and the surgeon than the powerful action and the irritation of the sphincter muscle; which may be considerably lessened by taking care to pass the bougie completely through both the external and internal sphincters, first affixing a tape through its loop, a precaution which should never be neglected; for the bowel will sometimes draw up the bougie, so as to take it completely out of the reach of the finger; this happened in Case the Seventh, hereinafter narrated. The patient, exceedingly alarmed, sent for me; but, prior to my arrival, he had voided the bougie, rolled up like a ball. It caused the most distressing pain in its passage through the sphincter, but no subsequent serious inconvenience resulted from the accident."

It is curious that patients under the use of the bougie are more susceptible of cold than at other times. In some cases, the bowels will soon become regular after the use of the bougie—in others, no material benefit will result for many weeks—in some, the bowels never become regular, however much the health may be improved.

In a very short chapter on carcinomatous disease of the rectum, Mr. S. advises, of course, that we should avoid producing irritation by any attempt at introducing bougies. All we can do, in these unhappy cases, is to sooth pain, and keep the bowels gently open.

A considerable number of valuable cases are introduced into the work by Mr. Salmon; but we shall only have room to notice one, which is very curious and interesting. We must abridge it very much.

*Case.* Mr. ———, aged 41, complained, on the 31st of October, 1821, of pains in various parts of the body, especially the loins, knees, and ankles. He had an ulcerated throat, and his digestion was greatly deranged. The least quantity of food produced pain in his stomach. He had undergone courses of mercury, under the idea that he had syphilis, and he was now taking four grains of calomel daily. The mercury was discontinued—proper medicines were prescribed—and, on the 24th Dec. we find him reporting himself quite well, and setting out on a journey. On the 13th May, 1822, Mr. Salmon saw him, when he informed Mr. S. that, till within a fortnight, he had been in perfect health. He now laboured under constipation and irregularity of the bowels—hæmorrhage occasionally from the rectum—pain in the region of the stomach—scanty lateritious urine—night-sweats—cough. The pulse was tranquil. He had been a free liver, and even now indulged in wine. He got a little better, and went to Brighton, on returning from which place, in July, 1822, he presented a very altered appearance. He was emaciated in the face and limbs, while the abdomen was enlarged and tender, but without distinct fluctuation. He suffered much when his bowels were moved. It was apprehended that his liver was diseased, and mercury, squills, &c. were prescribed. On the 27th July, fluctuation was evident, and he was generally anasarcous. He was seized with violent pain in the abdomen, severe purging, and profuse hæmorrhage from the bowels. All things went on badly, and, on the 2d September, it was determined to tap the abdomen. On examination, a hard protuberance was felt under the margin of the ribs, on the left side. It was considered by Mr. S. and a physician to be an enlarged liver. On the 10th September he was supposed to be dying. He was insensible—pulse intermitting. Brandy recruited him, and, on the 11th, he was much better, having

had a diarrhœa, accompanied with much hæmorrhage, and immense *prolapsus ani*. On the 1st October, Mr. S. examined the rectum, and a firm stricture was discovered a few inches up. Some oil and water gruel were injected, when a large quantity of horribly offensive fæces came away. The next day a still larger collection was discharged, the fæces resembling sheep's dung. In short, there had been a complete Augean stable here, in the form of an immensely distended colon. On the 22d Oct. we find the patient greatly improved, by the use of injections and bougies. By the 15th November, he was able to go out, and take exercise—his belly was reduced—his bowels acted regularly, but the motions were still followed by blood. On the 13th December, we find him residing in a tavern in London, indulging in every kind of excess. The swelling of the legs had returned, and the distension of the colon was evident—the bowels were very irregular and the evacuations trifling. We must pass over a great variety of vicissitudes which this miserable and imprudent patient experienced, between December, 1822, and June, 1823, when he suddenly expired, while on the close-stool. The following examination will elucidate this strange eventful history.

"Upon opening the abdomen, I discovered one of the most extraordinary specimens of disease I have ever witnessed; no vestige of the stomach, liver, or small intestines could be seen, but one immense tumour, having an irregular surface, in some points perfectly hard, in others of a softer consistence. Upon examination, this proved to be the colon, distended with hardened fæces; so immensely large was it, that the transverse arch of the bowel extended within a trifling distance of the *pubis*, and the ascending and descending portions nearly coalesced; from these several points coagulated lymph had been thrown out, which had become organized, connecting the different portions of the gut, which was, as it were, glued in one mass; at the superior part, the colon firmly adhered to the great arch of the stomach, thrusting this organ, together with the liver, under the ribs; it had also contracted firm adhesions to the liver and diaphragm; at the sigmoid flexure it was united in the same manner to the superior aperture of the *pelvis*, and its lateral portions to the abdominal *parietes*. After a laborious dissection, I succeeded in detaching it from its different adhesions, and emptied it of the fæces with which it was distended; this I could only do by cutting it through, above the sigmoid flexure and *caput coli*; at the former of which points, the bowel was so completely obstructed, that even water would not pass through it. The intestine, notwithstanding its distension, was very considerably thickened through its whole extent. This appeared principally to have resulted from deposition between the muscular and mucous coats. In the rectum there were two obstructions, one about four inches from the *anus*, and a second at about seven inches; and at the sigmoid flexure I could scarcely find any passage at all. The appearance of the obstruction at the sigmoid flexure was not the same as that in the rectum; the former being perfectly circular, whereas the latter was more like the elongation of the semilunar folds of the bowel, the general structure of which was materially thickened through the whole of the gut; the colon was likewise violently inflamed throughout the inner surface, there being here and there patches of ulceration; the small intestines were glued together in one mass, feeling like hard chords, and were diseased through their whole extent. The liver was harder than usual, yet could not be said to be diseased, though it was of a remarkably small size; the gall-bladder was distended with healthy bile, and the stomach contained a considerable quantity of the same fluid. The spleen, pancreas, kidneys, and bladder, were perfectly sound and healthy, as were the lungs and heart, nor was there any unusual quantity of fluid in the pericardium; the cavity of the abdomen contained about three quarts."

The above very curious and interesting case shews how great a mass of feculent matter will lodge in the bowels, while we are daily administering purgative medicines! It also shows that a distension of the colon may be mistaken for enlargement of the liver, or other organ in the abdomen. From this distension arose the difficulty of breathing, the irritation of the bladder,

and the numerous indescribable symptoms under which this wretched patient so long laboured.

We must now close our analysis of Mr. Salmon's little work, which is indicative of sound judgment, liberality of sentiment, and a fair portion of practical observation.

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## VI.
## MEDICO-CHIRURGICAL TRANSACTIONS.

1. *Treatment of Nævi Materni.* Messrs. LAWRENCE and WHITE.

ABOUT 30 pages of the last volume of the Medico-Chirurgical Transactions are occupied with the application of ligature to nævi materni. There is such an expansive principle in medical writings generally, that one would be almost tempted to conclude they were manufactured by steam. Be this as it may, a very useful occupation is that of throwing cold water upon these gazeous productions, and condensing them back within their natural limits. Mr. Lawrence, in particular, keeps a German steamer, impelled by a high-pressure engine, of magnificent dimensions. In this, as in another article on dislocations of the vertebræ, Mr. L. has steamed it among the German rivers of medical literature to some purpose, and brought home a vast cargo of erudition on MUTTERMAHLE — MUTTERFLECKEN — TELANGIEKTASIES — BLUTSCHWAMM, and other jaw-breaking names by which nævi materni have been christened by our learned German neighbours. But, leaving the literature of these nævi on one side, we shall endeavour to get at the marrow of the matter, the treatment, and exhibit it in as short a compass as possible.

Nævi materni, when of considerable magnitude, and situated on or near important parts, require a treatment different from that which has usually been employed. Excision is generally attended with great hæmorrhage, and cannot, indeed, be always effected. The destruction of these unnatural growths has been attempted by caustic, in imitation of the natural sloughing of these parts—and sometimes with success—but this method would be almost as dangerous as excision, where the nævus was large. Our readers are aware that we have given some cases operated on in this way by Mr. Wardrop. Mr. Lawrence has only tried it once, and not with complete success. Cold applications and pressure have been employed by Abernethy, Boyer, and others; but the former is inefficacious, and the latter is generally inadmissible, for obvious reasons. The proceeding adopted by Mr. Wardrop, of tying the arterial trunk or trunks leading to the tumour can seldom be employed with success, though one case terminated favourably in the hands of the proposer. In a case which presented itself in Bartholomew's Hospital, where the size of the tumour rendered excision quite

inadmissible, Mr. Lawrence was proceeding to apply caustic, when Mr. Arnott informed him that he had seen Mr. White, of the Westminster Hospital, twice employ the ligature—once at least with success. Indeed the practice was noticed by Mr. Wardrop, in a former volume of the Medico-Chirurgical Transactions. Mr. L. immediately adopted the hint, and the cases operated on in this way form the basis of the present paper. We shall give a condensed view of one or two of these cases.

*Case.* An infant, four months old, presented, at birth, a slight reddish discoloration of the skin, the size of a sixpence, on the back, not elevated. At the end of three months, it began to enlarge—became elevated—changed from red to purple—and frequently discharged blood. It rapidly increased till the age above-mentioned, when it was brought to Bartholomew's. It was now rather larger at the edge than at the base, which rendered the ligature easy. A curved needle was passed under the middle of its basis, armed with a double ligature, and then each thread was passed round its respective semicircle, and tied as tightly as they could be drawn. The infant seemed to suffer a good deal from the drawing of the ligatures, cried almost incessantly for 36 hours, and was occasionally convulsed. Cold applications were used in the mean time. Two days afterwards, Mr. L. sliced off the tumour, which had become almost black—and, on the third day, the ligatures were quite loose. A large slough occupied the centre of the wound, extending deeply, but came away in a few days, under bread poultices. The wound then granulated, and slowly but completely cicatrized.

Three or four other cases are related, all treated in the same manner, and with the same favourable results. It is quite needless to recapitulate them. Mr. L. judiciously advises the ligatures to be drawn as tightly as possible, not only to cut off the supply of blood, but to mortify the offending part with the least delay. Stout silk twist will anwer the purpose. But, as these ligatures necessarily produce considerable irritation, it is desirable to cut them away as soon as they have effected the desired object—the death of the part. This is generally done in 48 hours, if the ligature be properly drawn. The danger of inflammation and irritation is at an end as soon as the ligature is removed.

It is now time to notice the paper of Mr. White, which, though second in order of reading and printing, is evidently entitled to priority, as far as originality and dates are concerned. In another place, we remarked that Mr. Lawrence's reputation will never rest securely on ORIGINALITY—and the present paper is an example. The paper on incisions in erysipelas appeared fifteen years after the practice was proclaimed to the world, by Mr. Hutchison and ourselves. By these observations, we mean not to detract from Mr. Lawrence's merit, but only to shew in what that merit consists. The worst enemy is he who praises a man for qualities which he does not possess—the truest friend is he who gives a fair

estimate of an author's talents, nothing extenuating, nor setting down aught in malice. We repeat it, then, that Mr. Lawrence's merit consists in quick apprehension—judicious discernment—patient research—dexterity of hand. Whoever sets him forward as an ORIGINAL GENIUS detracts from his living character, as well as from his posthumous reputation.

Mr. White, in his paper, read on the 12th June, 1827, informs us that it has been his practice, during many years, "to destroy the larger specimens of nævi by strangulation with the ligature:—A curved needle is placed under their base, and a single or double ligature used, according to the magnitude, figure, and situation of the tumour." He had one case, in which it was necessary to pass four ligatures, in order to entangle the whole of the spurious structure, on account of its irregular form and diffused surface, situated behind the ear and extending down the neck of a very young infant. An assistant should raise the tumour, with as much of surrounding skin as possible, thus enabling the operator to pass the needle sufficiently deep, and, at the same time, include within his knot a portion of the healthy integument.

"When the nævus is not large, a needle of sufficient length being carried under the centre of its base, and the structure elevated upon it, a single ligature passed behind the needle, and firmly tied with a double noose, will be sufficient to destroy the organization. Where, however, the size of the tumour renders its strangulation by this mode doubtful, the needle should be armed with a double ligature, to enable the operator to tie one half with each. This, in every instance where the whole substance has been included, has uniformly destroyed the structure, leaving, on its separation, a healthy granulating surface. There are some instances, however, and some situations, where it is impossible to include the whole of the tumour with the ligature; but generally, in such cases, the inflammation excited by its application in the neighbouring parts is sufficient to obliterate, by condensation of the surrounding cellular structure, any remaining portion of the nævus."

Three cases are detailed by Mr. White in illustration, but they can add nothing to the intelligibility of the operation, the utility of which now requires no proofs. Mr. White looks on these nævi as possessing two modes of existence—active and passive—the latter being generally known by the vulgar appellation of strawberries, raspberries, &c. according to the kind of fruit for which the mother longed during utero-gestation. The active form of nævus is a much more formidable affection, and has been denominated "aneurism by anastomosis." "It is a congeries of large blood-vessels, having the structure of veins, rather than of arteries, not having any perceptible arterial action." He has seen some varieties very much resembling the spleen in structure.

From these papers, it appears that Mr. White was the first to put in practice the treatment of nævi materni by ligature—and, consequently, that to him belongs the merit, whatever it may be, of the practice. To Mr. Lawrence the public are much indebted, for corroborating the treatment employed by Mr. White, and also for making that practice public. A valuable remedy is of comparatively little value while confined to the possession of the inventor. In such a case, the publication is really of more importance to society than the discovery,

## 2. *Mr. BIRCH on Laceration of the Uterus.*

Two cases of this terrible accident have recently been published by Mr. Birch, lecturer on midwifery at Bartholomew's Hospital—and as one of the patients lived eight weeks, and the other entirely recovered, they are deserving of notice.

*Case* 1. This female, aged 25, fell into labour of her third child, and, after the membranes had given way, and the head had descended into the upper aperture of the pelvis, (the pains still continuing strong) felt a sudden distention of the abdomen, with sense of suffocation. The pulse quickly rose to 140—the uterine pains diminished—but the head did not retreat. Dr. Conquest was summoned, and delivered by the perforator and craniotomy forceps. The delivery was followed by peritoneal inflammation, and she gradually sunk, at the end of eight weeks from the accident.

On dissection, the intestines were found glued together, and much of the peritoneum resembled the pigmentum nigrum. A longitudinal laceration was found in the posterior part of the cervix uteri, and posterior parietes of the vagina, an inch and a half long. Each extremity of the laceration had healed to a slight extent, but the edges of the wound were without granulations.

*Case* 2. This female was 29 years of age, and had borne three children. On the evening of the 16th April, Mr. Birch was summoned to the assistance of Mr. Thorne, who was in attendance from seven o'clock that morning. The membranes had given way—the funis and a foot had presented, and the head and hand were discovered at the upper aperture of the pelvis. Attempts were made to carry up the funis and bring down the foot, but without success. Between two and three o'clock, the woman experienced a violent pain, and quickly afterwards vomited. From this period, she complained of constant pain and soreness of the abdomen, with oppression at the præcordia. The pulse became rapid, and there was some bleeding from the vagina. The labour pains gradually abated, and soon ceased entirely. When Mr. Birch arrived, the countenance exhibited great anxiety—the respiration was hurried—the voice scarcely audible—pulse under 100—oppressive fulness at the pit of the stomach—constant pain in the abdomen, with great tenderness on pressure, especially in the left iliac region. The head was felt at the upper aperture of the pelvis, but by no means wedged within it. Mr. B. arrived at the conviction that the uterus was ruptured, and determined to deliver. The cranium was perforated; but on attempting to expand the blades of the instrument, the head receded over the pubes. The hand was immediately passed per vaginam, and grasping one of the feet, brought it down. The nates and trunk were brought through the pelvis with some difficulty. The head could not be brought through before a perforation was made behind the ear. The placenta was quickly removed by Mr. Thorne, and there was no hæmorrhage. Mr. B. passed his hand into the vagina, and came in contact with several coils of intestine, which he returned through

the wound, his hand following them into the cavity of the abdomen. Mr. Thorne made a similar examination, and his report corresponds with that of Mr. Birch. We shall not pursue the details of the after-treatment. Inflammation came on, of course, and the proper means were employed to reduce it, including leeches, fomentations, and calomel and opium, carried to ptyalism. At the end of three weeks she had a relapse, which again required the same measures. But she ultimately recovered.

REMARKS. We cannot for a moment doubt, after the above statements, that either the uterus or vagina was ruptured. Mr. Birch acknowledges that his examination of the wound was not so minute as to enable him positively to say whether it was the one or the other. He thinks that the circumstance of the bladder remaining uninjured, is a certain proof that it was the uterus which was torn. What strikes us as somewhat remarkable, was the examination of the wound by Mr. Thorne, after Mr. Birch had pushed the intestines through it, and even carried his hand into the abdomen. We confess that we should not have liked to exercise this second trial, even to secure a witness of the interesting event.

Mr. Birch has appended some practical conclusions, drawn, not from these cases alone, but from a general consideration of the subject of laceration of the uterus. Some of these conclusions we shall notice in a summary way. The first is, that women die of these lacerations either speedily, or more slowly—secondly, that they sometimes recover, where the rent has been in the cervix uteri or the vagina, the reason, he thinks, being, that the intestines or bladder, coming in contact with the wound, prevent "a further effusion of air or blood into the abdominal cavity," and form a kind of temporary bond of union—thirdly, that the instances of recovery after the escape of the child into the abdomen, if left there, are very few, whilst they are much more numerous, where delivery by turning or gastrotomy has been performed. The corollaries are, 1st, That delivery should always be accomplished—2dly, If the child remain in utero, it should be extracted by forceps or lever, if possible—if not, by the perforator, by turning, or other means—3dly, If the fœtus have partially escaped, it is to be brought back, if practicable, without much violence—if not, it is to be delivered through an opening in the parietes of the abdomen—4thly, If the child have entirely escaped into the abdomen, it is to be brought back through the uterine laceration, if practicable, without great force—5thly, Where this is not practicable, gastrotomy is to be had recourse to—6thly, That whatever is done, should be done quickly—bis dat quo dat cito.

For the construction of these rules, and for the drawing of these conclusions, the author claims no originality. They may, nevertheless, be useful in their present condensed form. We are not aware that any material objection lies against any of the precepts delivered by the learned lecturer on this occasion.

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### Art. VII.

*Pathological and Practical Researches on Diseases of the Brain and the Spinal Cord.* By John Abercrombie, M.D. Fellow of the Royal College of Physicians of Edinburgh. Octavo, pp. 444. Edinburgh and London, Dec. 1827.

THERE are, or rather there ought to be, but two species of purely medical writings—the record of facts, and the deduction of principles from those facts. How is it, then, that medical science is so over-run with error? The reasons are but too obvious—more than half the facts are false—and nine-tenths of the deductions are illegitimate! We do not say that half our facts have been wilfully falsified; but, if the observation of a fact be incorrect, or the record of it distorted, it is the same for science whether the motive be good or bad which led to the error. Little did Cullen dream that, ere his bones were mouldered into dust, there would be a regularly organized school for the manufacture of false facts in medicine! As for illegitimate deductions from facts, (such as these facts are) they meet us at every step. It was easier, indeed, in all ages, to sit in the closet or library, spinning out theories, than to plod in the dissecting-room among the dead, or watch the phenomena of disease at the bedside of sickness. But the bad effects of theorising have now been so long conspicuous, that the medical profession is running into the opposite extreme, and, by shutting the door against all doctrine, has opened an immense and somewhat lucrative market for the sale of facts. It behoves the public to narrowly scrutinize these articles, now so plentiful and cheap; for assuredly there is no small proportion of counterfeit wares afloat.

Dr. Abercrombie has long distinguished himself by a careful observance of facts, the record of which has, from time to time, enriched our esteemed northern contemporary, through the medium of which journal, the major part of the volume before us was originally promulgated. That the papers published in the Ed. Journal have here assumed a much more systematic shape, and that the deductions from them are rendered far more useful, we are ready to grant—and, therefore, we think Dr. Abercrombie has done a service to the profession, and credit to himself, by this publication.

The volume is divided into four parts—the first three of which embrace diseases of the brain—the fourth, those of the spinal marrow. The cerebral affections are arranged under three classes—the INFLAMMATORY, the APOPLECTIC, and the ORGANIC. The inflammatory class will occupy our attention in the present article.

## INFLAMMATORY AFFECTIONS OF THE BRAIN.

This part of Dr. A.'s work is divided into seven sections, with an appendix. The author observes, with reason, that peculiar difficulties attend the investigation of this subject. The rapid effects which acute diseases of the sensorium produce on all the functions of this organ, render the patient unable to express his feelings correctly—and, hence, the proper symptoms of the disease are masked, or disguised, by that suspension of faculties, to which we give the name of oppression of the brain. This state has been naturally associated in the mind with PRESSURE on the organ—and enquiries have accordingly been directed towards the compressing cause. Effused fluid having, in many cases, been found, this fluid has been generally considered as explanatory of the symptoms, and there investigation has too often ended. This is exemplified in the case of acute hydrocephalus; but more accurate observation has taught us, that the condition which we denominate coma, with its usual symptoms, is not characteristic of any one state of brain, but may appear in states and diseases widely, if not diametrically, opposite in their nature. At all events, it is proved to have no necessary connection with an effused fluid, and that it may shew itself in simple inflammatory affections of the organ. Following the light thus obtained, the phenomena of cerebral inflammation are subjects of important investigation, especially as regards acute hydrocephalus, so called, since we are now pretty well authorised to conclude, that this disease is not a mere dropsical affection of the brain, but an inflammatory disease, terminating by effusion. This phlogosis varies in character, according as it is seated in the membranes, or the brain itself—and, also, according to its degree of activity, and the mode of its termination. Thus the dura mater, pia mater, or substance of the brain, may be the seats of inflammation—while the intensity may vary, from the most acute to the most chronic—its terminations being by serous effusion, deposition of false membrane, suppuration, or softening of the cerebral mass. The variety of phenomena resulting from these several seats and terminations, open a wide field for observation, both in the sick chamber and dissecting-room.

### SECT. I.—GENERAL VIEW OF THE SYMPTOMS INDICATIVE OF INFLAMMATION WITHIN THE HEAD.

Dr. A. acknowledges, in the outset, that he is incapable of distinguishing in-

flammation of the brain from that of its membranes—and this is the general opinion of the English Profession. The French pathologists, however, have lately endeavoured, and they say with success, to discriminate between the seats of phlogosis, even by the symptoms. Dr. A. considers the diagnosis as "not of much practical importance"—and hence his attention is directed to the phenomena which indicate the actual existence of inflammation, whether membranous or encephaloid.

1. The first form—the phrenitis of systematic writers—is characterised by fever, insomnium, acute head-ache, intolerance of light, suffusion of eyes, maniacal delirium. Such a pure case, however, is rarely met with, except from the abuse of spirituous liquors, insolation, or as a supervention on fever or mania;—still more rarely after injuries of the head. It is probable that this form is the result of primary membranous inflammation. When fatal, the vital powers are rapidly exhausted by the high excitement, without much disorganization of the parts affected:—hence the dissections of such cases are unsatisfactory—if not deceptive. By the following passage, we should be induced to suppose Dr. A. is describing delirium tremens, though he does not say so.

"There is an affection of frequent occurrence, which perhaps may be referred to this head. It is characterised by a peculiar aberration of mind without any complaint of pain. There is a remarkable restlessness, quickness and impatience of manner, obstinate watchfulness, and incessant rapid talking, the patient rambling from one subject to another, with little connection, but often without any actual hallucination; he knows those about him, and generally answers distinctly questions that are put to him. There is a rapid pulse, but without the other symptoms of fever; and the disease is apt to be mistaken by a superficial observer for mania, and consequently to be considered as not being attended with danger. But it is an affection of very great danger, and is often very rapidly fatal. The nature of it is obscure, and the appearance on dissection is rather unsatisfactory; it consists chiefly of a highly vascular state of the Pia Mater, without any actual result of inflammation."

2. In the second form, a sudden attack of convulsions, preceded or not by indisposition, is the first symptom that excites alarm. The convulsion is generally long and severe—in some cases followed by coma, proving fatal in a few days—in others, the paroxysm recurs frequently at short intervals, the patient being sensible in the intermediate periods, and complaining of headach, till, after twelve or twenty-four hours, coma supervenes. From this coma there is occasionally a complete recovery for several days, when, without any warning, the convulsion returns, and ends in fatal coma.

"In a very interesting modification of this form of the disease, the convulsion is confined to one side of the body, or to one limb, and is usually followed by paralysis of the part affected; and in some cases, the first symptom is a sudden attack of paralysis without the preceding convulsion. These cases are remarkable from their resemblance to the ordinary attack of hemiplegia. It will appear in the sequel, that they are often connected with inflammation of a small defined part of the cerebral substance; that the attack may be so sudden as precisely to resemble the paralytic attack from other causes; and that the disease in the brain may not have advanced

beyond the state of simple inflammation, while the symptoms have gone through the usual course, and have terminated in fatal coma. In general, however, the disease in such cases will be found to have advanced to suppuration, or to the ramollissement or peculiar softening of the cerebral substance, to be afterwards more particularly referred to; while, on the other hand, in some very interesting cases of this class, the inflammation will be found to have been entirely seated in the membranes."

3. THIRD FORM. This is most commonly seen in children, though occasionally in adults. It is generally preceded by a day or two of languor and peevishness, and followed by fever. The patient is oppressed, and unwilling to be disturbed—complains of acute pain in some part of the head, with flushing of the face and impatience of light. In many, there is sickness of stomach—in some not. Sometimes the pain is in the neck—or even in the arms or other parts of the body. The pupil is usually contracted—the eye morbidly sensible, and sometimes suffused—tongue white but moist; sometimes clean—sleep disturbed—grinding of the teeth—bowels generally obstinate, though often natural. After some days, slight delirium appears, at first transient, or only at night—sometimes amounting to coma. In some cases, there appears a peculiar forgetfulness, the patient using one word for another, or misnaming persons or things, bearing no resemblance to delirium. These symptoms are followed by tendency to sleep, ending soon in coma. While this scene is passing, the pulse, at first frequent, usually falls to the natural standard or below it—the pain becomes less violent—eye loses its sensibility, becoming dull and vacant, often with squinting and double vision. The pulse from this depressed state, often rises in a few days or hours, to extreme frequency. Indeed, throughout the whole course of the disease it is very variable—so remarkable an inequality not being observable in other diseases. It is a symptom of serious import in all affections of the head. The patient is now in a state of perfect coma, sometimes with partial paralysis, and in a few days death closes the scene. The duration of the malady is very various—from five or six days to three weeks. At some period of its progress, there is generally a signal remission, giving sanguine but deceitful hopes of recovery. In very young children, who cannot describe their feelings, this form of the disease is characterized by fever, flushing, restlessness, screaming, and sometimes vomiting, succeeded, in a few days, by stupor and squinting, the pulse coming down as the stupor appears.

4. The FOURTH FORM of cerebral inflammation has been most frequently observed in young persons towards the age of puberty and upwards.

"It begins like a slight feverish disorder, and for a considerable time excites no alarm; there is slight headach, with general uneasiness of the limbs, impaired appetite, and disturbed sleep; the tongue is foul, and the pulse slightly frequent, probably from 96 to 100. After a few days the complaint appears to be going off; but, at our next visit, we are disappointed to find the patient complaining as much as at first. More active treatment is then adopted, and there is again an appearance of amendment; the tongue perhaps becomes clean, there is some appetite, and better

sleep; but there is still some complaint of headach, which varies much in degree from one day to another, never severe, but never quite gone; the pulse continuing a little frequent. Amid these remissions and aggravations, eight or ten days may pass before the disease has assumed any decided character. It is not perhaps before the sixth or seventh day, that even an attentive observer begins to remark, that the degree of headach, though not severe, is greater and more permanent than corresponds with the general symptoms of fever; that the tongue is becoming clean, the pulse coming down, and the appetite improving, while the headach continues, with an unwillingness to be disturbed, and a degree of oppression which is not accounted for by the degree of fever. In this manner the disease may go on for several days more, until, perhaps about the 12th or 14th day, the pulse suddenly falls to the natural standard, or below it, while the headach is increased, with an evident tendency to stupor. This instantly marks a head affection of the most dangerous character, and the patient now lies for several days in a state of considerable stupor, sometimes with convulsion, often with squinting and double vision. The pulse then begins to rise again, and about this time there is frequently a deceitful interval of apparent amendment, sometimes the squinting goes off, and the eye appears quite natural, the stupor is lessened, and the patient appears easy and intelligent, but soon relapses into perfect coma, and dies in three or four days."

5. The FIFTH FORM of the disease is usually observed in adults, and begins with violent head-ache unaccompanied by fever. The patient lies in bed oppressed and unwilling to be disturbed, or tossing about from the violence of the pain. The pulse is natural, or even below 60—face sometimes flushed, sometimes pale—eye sometimes natural, in others morbidly sensible, with contracted pupil. The headache is usually acute and deep-seated, frequently appearing to shoot from temple to temple, or is referred to one ear. Sometimes vomiting occurs. Delirium frequently appears at an early period, varying in intensity from day to day, till, in five or six days, it passes into coma, the pulse continuing from 70 to 80 all the time. Sometimes the vision is unaffected—sometimes there is squinting with double vision. These latter symptoms occasionally disappear to return no more, but the disease goes on to a fatal termination. In every case, there is more or less delirium; but sometimes it is slight and transient. This condition, when unaccompanied by fever, is always characteristic of a dangerous affection of the brain. The speech is sometimes embarrassed, apparently from want of recollection of words. There is generally more or less of coma towards the close of the disease.

In all these forms, there is a great variety in the symptoms, and much attention is necessary, in order that the practitioner may not be thrown off his guard against the insidious nature of the disease. "Even in those cases which have assumed the most formidable aspect, every alarming symptom may subside," and during a deceitful interval, we indulge sanguine hopes—nay, the patient will sometimes dismiss his medical attendant. He falls into a drowsy state, which is considered favourable—he then sleeps almost constantly—and, in another day this sleep terminates in coma!

In this description, our author informs us that he has been entirely PRACTICAL. He has not stopped to inquire whether all these forms are to be considered as primary idiopathic affections of the brain—or whether some of them may be

looked upon as secondary or symptomatic. There can be no doubt that many of them are secondary, supervening on other diseases, especially on continued fever—scarlatina—hooping-cough—measles—pneumonia—phthisis, and diseases of the kidney. The following is a brief summary of those symptoms which, in the course of any disease, indicate a tendency to dangerous cerebral affection.

"IN THE HEAD.—Violent headach with throbbing and giddiness—tinnitus—sense of weight and fullness—stupor—a great propensity to sleep. In many obscure and insidious cases, a constant feeling of giddiness is the only remarkable symptom.

"IN THE EYE.—Impatience of light—unusual contraction or dilatation of the pupil—double vision—squinting—blindness—distortion of the eyes outwards—paralysis of the muscles of the eyelids, producing, according to the muscle that is affected, either the shut eye, or the gaping eye—transient attacks of blindness or double vision—objects seen that do not exist—a long-sighted person suddenly recovering ordinary vision.

"IN THE EAR.—Transient attacks of deafness—great noise in the ears—unusual acuteness of hearing.

"IN THE SPEECH.—Indistinct or difficult articulation—unusual quickness of speech, or unusual slowness.

"IN THE PULSE.—Slowness and remarkable variations in frequency.

"IN THE MIND.—High delirium—transient fits of incoherence—peculiar confusion of thought, and forgetfulness on particular topics.

"IN THE MUSCLES.—Paralytic and convulsive affections—sometimes confined to one limb, or even part of a limb; and a state of rigid contraction of particular limbs.

"IN THE URINE.—There frequently occurs a remarkable diminution of the secretion—sometimes nearly amounting to complete suppression; and connected with this diminution there is often a frequent desire to pass urine, occasioned probably by the increased acrimony, as the quantity diminishes."

So much for symptomatology—an important division of the study of diseases. We have presented a very full view of this part of our author's work, as it may prove a useful reference in the hurry of practice. We must now proceed to the second section, embracing the seats and terminations of the disease.

## SECT. II.—SEATS AND TERMINATIONS.

The varieties in the seat of the inflammation, may be referred to the following heads—dura mater—pia mater and arachnoid—substance of the hemispheres—dense white matter forming the central parts of the brain. In respect to the terminations, the disease may end fatally in the INFLAMMATORY STAGE, whether the inflammation be seated in the brain itself or in its coverings. In the most distinctly marked cases of such early termination, however, the phlogosis has been found in the cerebral substance. The other terminations are, as mentioned a few pages back, by SEROUS EFFUSION—DEPOSITION OF FALSE MEMBRANE—SUPPURATION—SOFTENING. On each of these terminations, the author makes a few remarks, and then proceeds to illustration by numerous cases.

1. *Serous Effusion.* Too much importance was attached to this by the earlier investigators, as if it alone constituted the disease called acute hydrocephalus. The symptoms were ascribed to the compressing influence of the effused fluid, and the practice was consequently directed to the removal of the effect, while the cause was neglected. It is now very generally admitted that the effusion in acute hydrocephalus is one of the terminations of inflammation, though there are certainly other causes from which serous effusion in these parts may arise.

Increased effusion from a serous membrane appears to take place under two very different conditions of the part. FIRST—from inflammation of the membrane itself or adjacent structures, as we see in the cavities of the pleura and peritoneum. The effused fluid varies very much, being limpid, opake, milky, flocculent, or nearly purulent. Who can tell on what these varieties depend? Dr. A. does not seem inclined to undertake this task—but he thinks we are authorised to conclude, that these various fluids, which are found in the head as well as in other cavities of the body, are the products of inflammation, in all those acute affections included under the term ACUTE HYDROCEPHALUS.

But there is another source of serous effusion entirely distinct from the above, viz. interruption of venous circulation. In this manner, we see a tightly bandaged limb become œdematous below the seat of pressure—and anasarca of the whole or part of a limb produced by the pressure of tumours—while ascites results from induration of the liver. "Such a state of impeded circulation evidently takes place in the brain, from a variety of causes; such as pressure of tumours, chronic disease of the sinuses, tumours on the neck, certain diseases of the lungs and of the heart—and, probably, from that very remarkable condition of the brain, to which I have proposed to give the name of simple apoplexy." From serous effusions produced by such causes as these, probably arise those affections which have been called CHRONIC HYDROCEPHALUS, and serous APOPLEXY.

2. *Deposition of False Membrane.* This is a product of inflammation as well ascertained as effusion. It is found sometimes between the dura mater and bone—sometimes between the dura mater and arachnoid—but most commonly it is under the arachnoid, where it is often found of great extent, communicating a yellow colour to a considerable surface of the hemisphere. It is occasionally found within the ventricles, covering the surface of the choroid plexus—and a very common seat of it is the upper surface of the tentorium.

3. *Suppuration.* A thin uniform layer of puriform matter is often found under the arachnoid, and occasionally betwixt the arachnoid and the dura mater, or even betwixt the dura mater and bone. It is also to be met with in distinct small cavities formed by partial adhesions of the membranes to the bone or to each other. It is occasionally found in the ventricles.

5. *Ramollissement.* We think Dr. A. might just as well have used the English term SOFTENING, as the French one *ramollissement*, which conveys precisely the same meaning. This morbid condition of the brain consists in a part of the cerebral substance being broken down into a soft pulpy mass, retaining its natural colour, but having lost its cohesion and consistence. It differs entirely from suppuration, having neither the colour nor the fetor of pus—for the white parts of the brain, in which it is most commonly observed, retain their pure milky whiteness. The corpus callosum, fornix, and septum lucidum, are the more usual seats of this peculiar disorganization.

In former communications, Dr. A. noticed this disease, and had no hesitation in attributing it to preceding inflammation. Since that time, the subject has undergone laborious investigation by the French pathologists, some of whom, especially M. Rostan, look upon this affection of the brain as one *sui generis*—sometimes, but not generally, the result of inflammation. Dr. A. now thinks that it occurs under two modifications, differing essentially from each other.

"In the cases of M. Rostan, the disorganization was observed chiefly in the external parts of the brain; it occurred almost entirely in very old people, few of his cases being under sixty years of age, many of them seventy, seventy-five, and eighty. It was found in connexion with attacks of a paralytic or apoplectic kind, many of them protracted; and was often found combined with extravasation of blood, or surrounding old apoplectic cysts. On the contrary, the affection which I had been anxious to investigate, was found chiefly in the dense central parts of the brain, the fornix, septum lucidum, and corpus callosum, or in the cerebral matter immediately surrounding the ventricles; and occurred in persons of various ages, but chiefly in young people and in children. It took place in connexion with attacks of an acute character, chiefly the character of acute hydrocephalus; and it was in many cases distinctly combined with appearances of an inflammatory kind, such as deep redness of the cerebral matter surrounding it, suppuration bordering upon it, and deposition of false membrane in the membranous parts most nearly connected with it. We may even observe in different parts of the same diseased mass, one part in the state of ramollissement, another forming an abscess, while a third retains the characters of active inflammation, and probably exhibits, as we trace it from one extremity to the other, the inflamed state passing gradually into the state of softening. Remarkable examples of this will be given in the sequel, and another of a different nature, in which an opening in the septum lucidum produced by the ramollissement, was entirely surrounded by a ring of inflammation. This is the affection which I have endeavoured to investigate, and which I consider as one of primary importance in the pathology of acute affections of the brain, and upon the grounds now shortly referred to, I cannot hesitate to consider it as a result of inflammation."

These facts being compared with the observations of M. Rostan, Dr. A. thinks we may arrive at a principle by which the apparent difference may be reconciled. Dr. A. considers the peculiar softening of cerebral matter as analogous to gangrene in other parts of the body—and that, like gangrene, it may arise from two very different causes—inflammation, and failure of the circulation from disease of the arteries. The former (phlogosis) Dr. A. conceives to be the origin of the affection which he has described—and the latter (defect of circulation) to be the source of the appearances described by M. Rostan. If

this doctrine be admitted, the difficulty is removed. Gangrene from inflammation is familiar to every one—and equally familiar, though very different in origin and concomitant symptoms, is gangrene from a diseased state of the arteries. Ossification of the cerebral arteries is very common in elderly people—and, indeed, M. Rostan distinctly points to this, as the cause of his *ramollissement.* In young people, however, and after acute diseases, we may fairly attribute the phenomenon in question to inflammation. It is often combined with suppuration in other parts of the brain, and still oftener with effusion into the ventricles. In some cases it is, however, confined to a very small spot, as the septum lucidum and fornix, without any other disease in the encephalon.

6. *Chronic Form of Encephalitis.* Among the terminations of the chronic form, we may remark thickening of the membranes, contraction and obliteration of the sinuses, caries of the bones, and some other affections of the external parts. In respect to acute hydrocephalus, we cannot but admit, that the serous effusion is only one of the terminations of that inflammatory condition of the brain. Some of the other terminations are scarcely less frequent—especially the softening of the central parts, which is sometimes met with as the only morbid appearance, and is found combined with the effusion in a very large proportion of the ordinary cases of hydrocephalus. Other cases, in which the symptoms closely resemble those of hydrocephalus, will be found to terminate by the undefined suppuration, or by this combined with serous effusion, or with the ramollissement of the central parts. In fact, we but seldom meet with any one of the terminations uncombined—and it is impossible to anticipate, by the symptoms, in what way the inflammation may terminate in any given case.

Of these various terminations, Dr. Abercrombie has given numerous examples—these cases occupying the greater portion of the volume under review. It is not our intention to attempt the exhibition of any specimens of the cases. We shall entirely confine ourselves, in this analysis, to an enumeration of principles and precepts.

Meningitis. Passing over the illustrations of inflammation of the dura mater, one instance only of which, as purely idiopathic, has been seen by our author, we come to inflammation of the arachnoid and pia mater, from which we shall extract the following passage.

" Inflammation of the arachnoid, and of the pia mater, may be taken together. It is very difficult to distinguish them in practice, and as the affections are generally combined, it is probable that no important purpose can be answered by attempts to discriminate between their symptoms. The disease terminates most commonly by a deposition of false membrane betwixt the arachnoid and the pia mater. When this is found to spread uniformly over the surface of the convolutions, we may suppose that it has been produced from the arachnoid; when it dips considerably between them, it is probable that the pia mater has been affected; but, in point of fact, it is very often remarked in these cases, that the pia mater presents a most

intense degree of vascularity, even when there is no deposition betwixt the convolutions, while there is seldom any remarkable vascularity observed in the arachnoid. On this ground it has sometimes been doubted whether the arachnoid be really the seat of inflammation.

"Some degree of this affection frequently accompanies other acute diseases of the brain, but we very often find it entirely uncombined, so that we are enabled to mark the symptoms more immediately connected with it. In these, however, there does not appear to be any uniformity. In some cases, it comes on with head-ach, vomiting, fever, and impatience of light; but I think the more common form in which the attack takes place, is by a sudden and long continued paroxysm of convulsion. This is in some cases preceded by headach and vomiting, but in other cases comes on without any warning. The convulsion is generally long and severe; in some cases, it passes immediately into coma, which afterwards alternates only with a repetition of the convulsion, until the case is fatal in a few days. In other cases, there is recovery from the first convulsion, and the patient appears to be doing well for some time, perhaps for several days, but afterwards falls into coma, either with or without a recurrence of the convulsion. In other cases again, the convulsion does not come on till an advanced period of the disease."

ENCEPHALITIS. As Dr. Abercrombie does not consider it possible to distinguish inflammation of the brain from inflammation of the membranes—and as he does not think it would be of any utility to make the distinction, if we could, why has he dedicated a section to each subject—why has he detailed the cases, as ascertained by dissection, under two distinct heads? This inconsistency is only to be reconciled by a statement made in the beginning of the work—namely, that the facts which he has laid before the public, are to be regarded as distinct from the deductions which he has drawn from them. Thus, he may say, I cannot make out encephalitis from meningitis, by the symptoms during life. But I have given you numerous histories of the one and the other disease, as verified by dissection—and you are at liberty to employ these histories or facts as you please, in drawing the distinction, if you are able, or if you think it of any advantage. On this principle, we think Dr. Abercrombie has acted properly, and we applaud him for his conduct.

He remarks, that the symptoms attendant on encephalitis vary considerably, according to the extent and particular seat of the phlogosis. Thus, in some cases, we find head-ache, followed by high delirium, and this by coma—in others, a sudden attack of convulsion.

"A frequent and very important form of the disease is characterised by head-ach, followed by convulsion of one or more limbs, the affected limbs afterwards becoming paralytic. Other cases again assume a close resemblance to the ordinary attack of hemiplegia, so as scarcely to be distinguished from it; and a very interesting feature of the affection in these cases is, that the disease in the brain may not have extended beyond the state of simple inflammation, though the symptoms have passed through their usual course, and have terminated in fatal coma.

"In the progress of the disease, considerable modifications occur, arising from the various ways in which the inflammation terminates. In this respect we are chiefly to attend to the following varieties.

"I. *It may be fatal in the inflammatory stage*;—a certain defined portion of the cerebral substance, presenting the appearance of deep redness, without any change of structure.

" II. *The simple ramollissement;* which consists in a part of the brain being broken down into a soft pulpy mass, retaining the natural colour of the part, without any appearance of suppuration, and without fœtor. This condition we often find as the only morbid appearance, but we frequently find it combined with the former, one portion of the diseased mass presenting the deep red colour, while another is in the state of ramollissement.

" III. The preceding appearance mixed with a proportion of purulent matter.

" IV. *The undefined suppuration.* This might perhaps be considered as a modification of the former, but with the purulent matter predominating in quantity. It presents a large ragged undefined cavity, filled partly with fetid purulent matter, and partly with broken down cerebral substance, the surrounding substance being soft and disorganized.

" V. *The defined or encysted abscess.* This consists of a well defined regular cavity, filled with purulent matter, generally lined by a soft cyst, and surrounded by cerebral matter in a healthy state.

" VI. *Ulceration of the surface of the brain.*"

The sixth section, from page 124 to page 146, includes a great number of cases of ramollissement of the central parts of the brain, and hydrocephalus. In reviewing the facts illustrative of this last subject, Dr. A. makes some practical observations which are deserving of notice. He remarks, that all medical practitioners must have found instances of serous effusion in the head after death, where the symptoms did not lead to the suspicion of such an event.

" It is therefore not the mere presence of a certain quantity of fluid in the brain, that gives rise to the symptoms of hydrocephalus; and, on the other hand, we have seen a disease go through all the usual symptoms of hydrocephalus, and terminate fatally without any effusion. The fair conclusion from these facts appears to be, that the prominent symptoms in these cases are not the result of the effusion, but of that disease of the brain of which the effusion is one of the terminations. From a variety of facts which have been adduced, there seems little reason to doubt that this disease is of an inflammatory nature. If these conclusions shall be considered as well founded, it will follow, that our practice ought to be directed principally to subduing the inflammation at its earliest period, and preventing it from passing into effusion, and particularly from passing into ramollissement, which we have seen to be a fatal termination of the disease, even though of small extent and without any effusion."

In regard to the mere effusion itself, were the parts in an otherwise healthy state, there appears no reason to consider it as a hopeless affection. In other words, Dr. A. means to submit, that we have no good reason for doubting the possibility of absorption of serous fluid from the ventricles of the brain. We are warranted in this supposition, he thinks, both by the analogy of other serous cavities, and by what we actually see take place in the brain itself. In this last organ, we have proof that coagula of blood are gradually absorbed, both from the ventricles, and from cavities in the cerebral substance. Upon the whole, Dr. A. believes, that we have sufficient ground for receiving the following conclusions, in regard to this class of affections.

" 1st, That in the ordinary cases of hydrocephalus, the coma and other symptoms attending it are not to be considered as the direct effect of the effusion, but of that morbid condition of the brain of which the effusion is the consequence.

" 2d, That we have no certain mark which we can rely upon as indicating the

presence of effusion in the brain. Slowness of the pulse followed by frequency, squinting, double vision, dilated pupil, paralytic symptoms, and perfect coma, we have seen exist without any effusion.

"3d, That all these symptoms may exist in connexion with a state of the brain, which is active, or simply inflammatory, while the disease is the subject of active treatment, and while by such treatment, adopted with decision at an early period, we have the prospect of arresting its progress in a considerable proportion of cases. The ground of prognosis in particular cases depends perhaps in a great measure upon the activity of the symptoms. The more they approach to the character of active inflammation, our prospect of cutting them short will be the greater; and the more they partake of the low scrofulous inflammation, it will be the less. In all of them, the period for active practice is short, the irremediable mischief being probably done at an early period of the disease."

These principles bear on the question—can hydrocephalus be cured? Whether the fluid can be absorbed, or the disease cured, after the effusion has taken place, must remain a matter of conjecture, since we have no certain diagnostic marks by which we can tell when fluid has actually been thrown out: but Dr. A. thinks we have every reason to believe that, in the ordinary cases of hydrocephalus, the absorption of the fluid, if it did take place, would in no respect improve the situation of the patient—because there would still remain that deep-seated disease of the central parts of the brain, which accompanies the effusion in a large proportion of cases, and which proves fatal without any effusion at all, yet with the ordinary symptoms of hydrocephalus.

### ETIOLOGY OF ENCEPHALITIS AND MENINGITIS.

The causes of these inflammations generally elude our observation. We see them often arise in the course of other febrile diseases, especially scarlatina—we see them follow injuries; (and this is probably a more frequent cause than is suspected, particularly in children)—suppressed evacuations, as of the menses, in young women of unsound constitutions—ischuria renalis, &c. The brain occasionally takes on this disordered condition in the advanced stages of phthisis—and, indeed, of any other chronic disease, especially in scrofulous constitutions. Hepatic disease—worms—and various affections of the bowels, are regarded by many as causes of encephalitis. Insolation is a very frequent cause, sometimes inducing an apoplectic state, which proves fatal in a few hours—more generally an inflammatory affection, assuming the character of mania—rarely paralysis. This cause is, of course, most operative in the warmer regions of the earth.

### TREATMENT.

The remedies, in this important class of diseases, are few and simple. The great object is to know *when* we have inflammation to treat, for, that ascertained, the indications are plain enough. But we are convinced—the more so, indeed,

the longer we live—that, of all the causes of want of success in medical practice, the ignorance of pathology and diagnosis is the greatest. It is on this account that we dwell so much on these important points, because we know that the young practitioner is always eager to jump at once to the treatment, before he has clearly ascertained the nature of the disease on which he is so ready to open the magazine of therapeutics!

Our diagnosis formed, every thing depends on applying our remedies early and boldly. These remedies are, as every one knows—blood-letting, local and general, active purgation, cold to the head. The effects of blistering, in the early stage, are rather ambiguous. "When it is employed, it should always be on the back part of the head and neck," because then it does not interfere with the application of cold to the vertex. After the first activity of the disease is subdued, "blisters applied, in succession, to various parts of the head, and the upper part of the spine, appear to be, in many cases, extremely useful."

"Mercury has been strongly recommended in that class of cases which terminate by hydrocephalus, but its reputation seems to stand upon very doubtful grounds. In many cases, especially during the first or more active stage, the indiscriminate employment of mercury must be injurious. In the adaptation of the particular remedies to individual cases, we must of course be regulated by the age and habit of the patient, and particularly by the character of the disease in regard to activity. In those cases which assume the more acute or active forms, general bloodletting must be used in the most decided manner; while in the cases which assume a more chronic character, as many of the common cases of hydrocephalus, it has less control over the disease, and is not borne to the same extent. In all the forms of the disease, active purging appears to be the remedy from which we find the most satisfactory results; and although bloodletting is never to be neglected in the earlier stages of the disease, my own experience is, that more recoveries from head affections of the most alarming aspect take place under the use of very strong purging, than under any other mode of treatment. In most of these cases indeed full and repeated bleeding had been previously employed, but without any apparent effect in arresting the symptoms. The most convenient medicine for this purpose is the croton oil. In regard to local remedies, by far the most powerful is the application of cold. It may be applied in a continued manner by means of a bladder containing pounded ice mixed with a small quantity of water; but a still more effectual mode of applying it in the more acute cases, is by a stream of cold water directed against the crown of the head and continued for a considerable time, until the full effect be produced from it. Applied in this manner, it is a remedy of such power, that it requires to be used with much discretion. Under the operation of it, I have seen a very strong man thrown, in a very few minutes, into a state approaching to asphyxia, who immediately before had been in the highest state of maniacal excitement, with morbid increase of strength, defeating every attempt of four or five men to restrain him."

We shall here notice a most remarkable defect in Dr. Abercombie's work. The class of diseases in question comprehends hydrocephalus, on which subject Dr. Abercrombie dwells particularly, and recurs to again and again. Yet, in all his descriptions, he never once alludes to the singularly deranged state of the bowels—the highly depraved condition of the alvine excretions and secretions in that disease. The peculiar appearance of the stools in hydrocephalus is so well known, that the merest tyro recognizes them instantly—in fact, every practical man knows, that they are even denominated "hydrocephalic stools." How

so important a feature of the disease could have escaped Dr. Abercrombie, who takes care to distinctly tell us, that he is "entirely practical" in his descriptions and observations, we cannot imagine! Nay, even in the catalogue of organs and parts, whose functions are deranged in this class of complaints, (page 15-16) Dr. Abercrombie has actually omitted entirely the whole and every of the digestive organs, while he has allotted an unusual space to the state of the urine! This omission appears to us so totally inexplicable, that we shall not attempt to account for it. It is possible that, if we were to wade through the individual cases, we might find the fact of this intestinal and hepatic derangement sometimes recorded; but this can be no excuse for omitting, in his general descriptions, one of the most important features of the disease. We confess that a reflection on this singular defect in Dr. Abercrombie's work, has somewhat shaken our confidence in his therapeutics. The man who could overlook derangement of the digestive organs in hydrocephalus, may very readily overlook some important remedies adapted to the correction of this derangement. The slur which is thrown upon mercury in hydrocephalus, and the high niche in which croton oil is placed, as a purgative, stagger us a little, as to the fact of our worthy Doctor being so "entirely practical" as he wishes us to believe. We suspect that he has a crotchet in his brain, as well as Clutterbuck, Abernethy, and some others whom we could name. These crotchets are always throwing people out of tune, and doing much mischief.

Under the treatment above described, Dr. A. assures us that he has seen many cases recover, which exhibited all the usual symptoms of the most dangerous affections of the brain—"and even the most advanced stages of them." These favourable cases, however, form but a very small proportion of the total number; although they hold out encouragement to perseverance, longer than is generally practised.

Thus ends our author's therapeutics, which are few and simple indeed. Without being advocates for polypharmacy, we may venture to remark that, although bleeding, purging, and cold to the head, are good remedies, they are not the only good ones. Knowing the efficacy of mercury in other inflammations, and having had repeated opportunities of witnessing its good effects in hydrocephalic inflammations, we cannot but directly question opinions respecting mercury. In this class of diseases, we give it not merely as a purgative, but with the view of affecting the constitution—that is, of setting all the glandular system into action. The biliary secretion, as we before observed, is highly depraved—and whether this be effect or cause of the cerebral irritation, it is of the greatest consequence to correct it. No medicine, we affirm, is so capable of doing this as mercury, given in appropriate doses every four or six hours. The most drastic purgation will not rectify this biliary derangement. It may carry off disordered secretions, but will not prevent their formation immediately afterwards. Neither do we think our author justified in passing, unnoticed, the powerful

effects of antimony, digitalis, and pediluvia with mustard. Surely, Dr. Abercrombie must have seen the antiphlogistic effects of these remedies—and we speak from experience, also, when we maintain that, in such dangerous diseases, we should employ several means, all tending to the same end. All constitutions are not alike. In some, bleeding does not succeed so well as other means of arresting inflammatory action. And in all cases the auxiliaries above-mentioned, after the sanguineous depletion, accelerate the cure, and save the effusion of blood. The semicupium is a very useful measure, by drawing a great volume of blood to the vessels of the lower half of the body, and increasing the biliary secretion, which is generally defective as well as depraved.

With these few strictures on Dr. Abercrombie's work, we shall take our leave of him for the present. The extended analysis which we have given of the first part of his publication, occupying nearly half the volume, shews that we hold this talented author in high estimation. When the subject of apoplexy occupies our pages, we shall return to the work, and pay due respect to the second part of his Essay.

## VIII.

*Memoir on the Treatment of Rheumatism.* By Dr. Cazenave, of Pau.

Pau, the town where our author resides, is only six leagues from the Pyrennees. The proximity of these mountains, and the prevailing westerly winds which blow over them, cause most abrupt and extensive transitions of temperature. The country, however, is extremely healthy, with the exception of rheumatism, which may be said to be there endemic. It simulates, like hysteria, almost every other complaint—or complicates itself with almost all other pathological conditions. In such a situation, an observant physician has excellent opportunities of studying a disease, which, after all that has been written on it, is still as obscure in its nature as it is rebellious to treatment. During a period of eight years Dr. Cazenave has cultivated the study of rheumatism in all its ostensible and masked forms, and now comes before his brethren with a method of treatment which he considers as unusually successful.

Unlike some of our modern monographists, Dr. C. has not constructed a volume out of preceding writers:—he has merely made a few remarks, the result of his own observation. We shall extract a passage or two from this Essay, before we state the Doctor's methodus medendi.

"I have seen (says he) rheumatic patients suddenly seized with violent pain in some part of the body, and over a considerable space. On examining with their hands to find out the precise spot, they would have much difficulty in determining it, however hard they might press. At length, a single point, as it were, would be

found to be the seat of exquisite pain and sensibility, without any thing being visible externally. In other cases the pain will suddenly cease in a part, and the patient will experience a disagreeable sensation of formication rather than distinct pain in some other part, at a considerable distance. On examination, he is surprised to find a large patch of redness, with more or less tumefaction, in the new seat of the rheumatism. In this manner the complaint will sometimes travel over the whole surface of the body, and then fix itself at the extremity of a finger for a month or two, causing dreadful pain, but without the least discolouration or swelling of the part.

"I have seen this disease in the person of a medical gentleman, fix itself in the sclerotic coat of the eyes, at their outer and inner angles, and there occasion the most terrible sufferings, on the least motion of the eye-ball. Yet the sight was not in the least affected, nor was there any appearance of inflammation. At other times the rheumatalgia has seated itself in the transparent cornea, attended with indescribable sufferings, intolerance of light, insomnium, and violent ophthalmia. The same medical gentleman experiences occasionally the rheumatic pain in a single point of the minutest dimensions, in the eye-brow, and other parts of the face. An elderly lady, afflicted for several years with rheumatalgia of the deltoid muscle, lost slowly her sight. An ophthalmic surgeon discovered a cataract in each eye. The operation was performed on one of them; but scarcely was it finished, when the organ became the seat of the most excessive pain—the sclerotic became gorged—the coats red—and this state of insupportable sufferings lasted six weeks, with scarcely any intermissions. At this period, the deltoid muscle (which had been free from pain) became again the seat of rheumatism, and the ophthalmic inflammation and pain disappeared. She recovered sight in this eye. Three months afterwards the other eye was operated on, and again the pain and ophthalmia took place as violent as in the other eye. A blister was applied to the arm, and a metastasis of pain was quickly produced, and the eye relieved."

Of all the INTERNAL organs, our author has found the STOMACH the most liable to rheumatic affection. In some cases, this shews itself merely in languor of function, or simply a sense of cold or pain in the epigastric region, relieved by hot frictions. The digestion may be very little impeded. In this state of chronicity, the disease is difficult of removal. But, not unfrequently, it produces in the same organ much more disagreeable effects, as nausea, vomitings, indigestion, violent cardialgia, and symptoms imitating cancer or scirrhus of the pylorus—all which phenomena will suddenly disappear on the commencement of rheumatic pain in some of the limbs.

"I have seen a case of wandering rheumatism, where, after attacking the stomach, the bowels, &c. it fixed itself, for more than three months, on the heart, inducing palpitations, convulsions, syncope, and other symptoms that led the attendant physician to believe there was aneurism of the heart. A blister applied to the arm dissipated the whole of these symptoms, and the patient afterwards enjoyed good health."

The author has seen the bladder affected with rheumatism, and retention of urine produced—the lungs attacked, and all the phenomena of peripneumony succeed. Parturient women are very susceptible of the causes of rheumatism, and Dr. C. avers that nothing is more common, at least in his part of the country, than rheumatic pains in the uterus and its appendices.

But we must now proceed at once to the treatment which Dr. C. has brought forward, as it is somewhat novel—at least it is a new modification of a remedy

which has long been employed, though less so in this country than formerly. It is opium. After remarking on the different effects of opium, according to the dose, or the repetitions of the doses, Dr. Cazenave proceeds to maintain, that the failure of opium in the cure of rheumatism is owing to the timidity with which it is administered. In the complaint under consideration, Dr. C. remarks, opium acts in three ways, according to the dose employed. Given in small quantities, it obtunds the sensibility, and brings a temporary relief—but the cure is not thereby accelerated. Administered in a somewhat larger dose, it sometimes occasions nausea, palpitations, giddiness, head-ache, &c. These effects are, of course, but momentary, and should form no solid objection to the remedy, if it is found beneficial in other respects, besides relieving pain. To the above effects of opium (if it be continued) succeed others:—the patient does not sleep; but he experiences a kind of delightful ecstacy, forgets his sufferings, &c. The action of opium is then excitant, like that of wine. In some cases, an abundant perspiration is the result—but, in both events, the radical cure of the rheumatism is effected—that is, with or without the sweating process. The quantity of opium will vary, of course, in different constitutions; but the following is the mode of administration employed by our author.

To an adult, he orders a pill containing one grain of opium—and, an hour afterwards, he gives another grain, if the pains continue. At the expiration of the second hour he gives a third grain—and, after a little time, he examines his patient. If there be a tendency to hilarity, he administers a fourth grain, and so on, a grain every hour, till a complete calm is established, or an abundant perspiration is induced. This being the case, he orders a grain to be given every two, three, or four hours, according to circumstances, solely with the view of keeping up the perspiration.

In respect to regimen during this mode of treatment, it is indispensible, of course, to keep the patient in an even and mild temperature, with flannel next the skin, and on the simplest liquid food. Perfect quietude is necessary during this treatment. In this way, Dr. C. assures us that he speedily cures rheumatism, whether acute or chronic, or in whatever part of the body it may be seated, without any bad consequences ever ensuing. When the disease is complicated with any other complaint, particularly with derangement of the digestive organs, it will be necessary to attend to the adventitious disorder. If the fever in acute rheumatism run very high—and particularly if any thoracic or abdominal organ be oppressed in function, or labouring under pain, it will be proper to draw blood from the general system, and to put in force the other items of the antiphlogistic treatment.

We think the plan of Dr. Cazenave is not unworthy of attention, in the management of a disease which so often baffles the medical practitioner, and brings no small degree of odium on his art.

## IX.

## MEDICO-CHIRURGICAL TRANSACTIONS.

### 1. *Mr. EARLE on Paraplegia.*

IN the last volume of the Medico-Chirurgical Transactions, Mr. Earle has occupied nearly 50 pages with the subject of paraplegia, respecting the pathology of which there has been a good deal of discussion, since Dr. Baillie's paper appeared, about 7 or 8 years ago, in the College Transactions. It is well known that Dr. B. believed paraplegia to be most commonly dependent on disease of the brain, when happening in adults, and when not evidently connected with outward violence to the spine. Dr. B. was not aware that Mr. Earle had published some cases, five years previously, in the Edinburgh Journal, shewing that paraplegia does sometimes depend on cerebral, and not on spinal disease. When we remember that sense and motion are lost the moment that an interruption takes place in the nervous communication between the brain and the part paralyzed, whether the interruption be seated in the medulla oblongata, the spinal marrow, or any portion of the nerves leading to the muscle or skin, we see no occasion for these prolonged discussions respecting the seat of the obstructing cause, nor any reason for pride in finding paralysis of the lower half of the body in people who have organic disease of the spine. It is strange that these controversialists should not dream, that the immediate cause of the paralysis may be a change in the nerves of the part paralyzed, without any disease in either brain or spinal marrow. Does the circulation never fail, unless there be disease of the heart or of the aorta? We see paralysis, for example, in both the feet, or in both the hands, while the muscular power and sensibility remain in all other parts of the body. How, we would ask, can this depend solely on disease of the brain or of the spinal marrow? Can the brain or the spinal marrow say to the nerves going to the lower extremities, you shall carry our motive commands to the muscles of the thighs; but whenever you pass the knee-joint, you shall no farther be the bearers of our despatches? Or, can they say to the other constituents of these nerves, we will acknowledge the receipt of all impressions made on the thighs, but if you bring impressions from the legs or feet, we will not receive them? The thing is preposterous. But, if we allow that those portions of nerves which are below the knees are incapable, from some morbid change in themselves, of transmitting the will from above, or sensation from below, then all is clear and intelligible. What, after all, is the spinal marrow, but a prolongation of the brain? What are the nerves, but prolongations of the spinal marrow? Ergo, what is the minutest and most invisible point in which a nerve terminates, but a portion of the brain? It is so with the vascular system. The minutest capillary is as much entitled to the appellation of a sanguiferous vessel as the great aorta. Disease in any branch of the immense

tree of circulation will disturb the vascular function of the part—and disease of the heart or aorta will disturb the whole. But, it will be said, we have found a tumour in the brain, where there was paralysis of the feet—ergo, the former was the cause of the latter. We would answer, that tumours in the brain are every day seen without paralysis—and local paralysis is often found without any appreciable lesion of the brain or spinal marrow. Besides, how can a tumour in the brain cause paralysis in the legs and not in the thighs, seeing that the same nerves go to both parts?—The causes, then, of local or partial paralysis, we maintain, are often extremely obscure, and by no means to be always accounted for by cerebral or spinal diseases.

"Paraplegia dependent on the existence of disease in the brain, generally occurs at the middle or more advanced period of life than is usual in diseases of the bodies of the vertebræ, or their intervening fibro-cartilages. Its progress is more rapid than the slow insidious approach of symptoms from the latter diseases; the affection is more general, occasioning more or less paralysis of the upper and lower extremities, and this will often take place in a very few days from the occurrence of the complaint. This disease happens much more frequently in men than women. The gait of persons suffering from cerebral affection is peculiar, and very different from that attendant on affections of the spine. It very nearly resembles the vacillating steps of a drunkard.—Such paralytic persons are incapable of walking in a direct line; the limbs are loose, and thrown forward with an exertion of the whole body; there is a great consciousness of feebleness in walking, and the greatest difficulty in turning round. The appearance of the eyes often much resembles those of a drunkard, particularly when the patient is at all excited or anxious. The above analogy to the staggering steps of intoxication is readily understood, if we consider that it is the temporary disturbance of the brain, from the congestion of its blood-vessels, that deprives the drunkard of the power of directing his steps, and for the time induces a state bearing the closest resemblance to paraplegia.

"Sensation is more impaired than in spinal affections, when it will often remain perfect after a total loss of the locomotive powers. This impaired sensation is often peculiar, imparting an idea of some foreign body, as a leather glove or stocking, being interposed. The patient appears to feel, if I may use the expression, through a false medium; the limbs are more wasted and flabby, without any spasmodic rigidity of the muscles, which so often occurs in affections of the spine. Although often accompanied with a torpid state of the bowels, aggravated no doubt by the impaired muscular power of the abdominal parietes, there has not, in any instance that I have witnessed, been any train of gastric symptoms similar to those which so constantly attend affections of the spine, especially of the dorsal region. In some instances there is the additional confirmation of an impaired state of some of the external senses, accompanied with vertigo, a sense of weight on the head, and a general disturbance of the cerebral functions. As disease advances, the power of the brain in transmitting its influence to the extremities becomes more and more circumscribed.—Thus I have known a tubercular affection of the pia mater, in the first instance, cause a numbness and loss of feeling in the feet, which has gradually extended until all four extremities were completely paralysed, and the muscles concerned in respiration at length refusing their office, death ensued."

A very similar train of symptoms occurs in other diseases of the brain—especially in membranous inflammation and effusion, of the chronic kind. Whenever disease has proceeded the length that has been described, one or more of the mental faculties generally suffer; but in slighter cases it is difficult to form a correct diagnosis, and yet, as Mr. Earle observes, it is of importance

to know whether the disease be seated in the head or the spine, that we may not unnecessarily subject the patient to the sufferings arising from the application of caustic issues and setons to the spine, when the disease is in the head. Our author thinks that attention to the following circumstances has materially assisted him in forming a correct diagnosis. He is, therefore, inclined to lay considerable stress upon it.

"It is well known that when a nerve is stimulated or injured in any part of its course, the painful sensation is referred by the percipient mind to the sentient extremity of such nerve; the familiar instance of the pain referred to the extremity of an amputated limb, may be adduced in proof of this. The exact reverse of this takes place when there is a partial paralysis arising from morbid affection of the cerebral organs. Here the centre of the sensorial functions being impaired, it appears to be incapable of transmitting its influence to the extreme parts of the body, and thus the feet and hands gradually lose their sensation or power of motion, or both; and in such cases if the nerves supplying the limbs be irritated, *they will convey the impression of such injury only part of the distance down the limb, about as far as the commencement of the paralytic affection.* I have repeatedly examined cases of paraplegia from affection of the spine, and in no one instance have met with the same phenomenon, which I have therefore been induced to consider as diagnostic of the paralytic affection being dependent on disease of the brain or its membranes; which opinion has in several instances been confirmed by examinations after death, in which both brain and spinal marrow have been carefully investigated."

Curvature of the spine, combined with structural diseases of the brain, tends to puzzle the practitioner, where there is also paraplegia, as it induces him to suspect the spinal marrow as the seat of the injury. Simple curvature of the spine, however, is a very different disease from the angular curve produced by disease of the bodies of the vertebræ. In the former case, the whole spine is curved in the form of a half-hoop, in consequence of the debility of the muscles of the back, which are no longer capable of sustaining the weight of the trunk and viscera, and maintaining the erect posture.

"The test by which I have been in the habit of trying these cases is at once simple and satisfactory. If a person with such a stooping or incurvated state of the spine be placed on a horizontal plane, the back will immediately and spontaneously be restored to its proper form without causing any pain or distressing symptoms, which would certainly be produced by any attempt at extension of a diseased spine. The state of the back in these cases is similar to what occurs during sleep or after death. It takes the direction influenced by the gravitation of the viscera and upper part of the body; for be it remembered that the strength of the spine and of most other joints depends on the power of the muscles: this is readily shown by dividing the tendons which pass over a joint, which will immediately become pliant and flexible. The same occurs in acute rheumatism, when the muscles are no longer under the control of the will, and the joints are consequently loose and powerless."

A great number of cases are adduced by Mr. Earle, but several of them, we think, are very unsatisfactory. Thus, in the first case, that of a gentleman, there were unequivocal symptoms of cerebral disease, as intense head-ach, &c. Paralytic affections extended from the feet and hands towards the trunk of the body. "On stimulating the median and ulnar nerves, he was not sensible of pain much below the elbow." How did Mr. Earle stimulate these nerves?

On dissection, there was found hydrocephalus to a considerable extent, and the whole of the pia mater was studded with tubercles. The cervical portion only of the spinal marrow was examined, and no disease was found there, except an increase of fluid.

In the second case, that of a young woman, there was loss of sense, but not of motion, in her hands. Some time before death she had an apoplectic fit, succeeded by hemiplegia. Three scrophulous tubercles and other derangements were found in the brain, and one in the cerebellum softened down. No disease could be detected in the spinal marrow; but the cancellous structure of the bodies of the vertebræ was filled with cheesy deposit, so that they could be easily cut with a knife.

In the third case, the patient had been thrown from his horse and hurt his back. Six weeks afterwards he became affected with some loss of muscular power about the mouth and pharynx, succeeded by numbness about his feet, and a sense of weakness in his legs. This last symptom extended upwards until the lower half of the body was paralysed. The same state took place in the upper extremities. When he came under our author's care, he was in a very deplorable condition. The bladder and rectum were paralysed, and he had hardly any power of deglutition. By directing remedial measures to the head, under the impression that there was inflammatory action in its membranes, the patient slowly and *partially* recovered. It is evident that this case is not satisfactory, in respect to the precise seat of the organic lesion.

The fourth case was that of a man, who came into Bartholomew's Hospital with paraplegia, including paralysis of the rectum and bladder. He walked like a drunken man. On examination, no disease of the spinal column could be detected. But, as there was something about his eyes which led Mr. Earle to suspect disease of the brain, he was treated accordingly, and, under this treatment, he improved. It afterwards came out that he had received a severe blow on the temple, several months previously, against which he took no precautions. Two months after this accident, he felt a stiffness in his feet and ankles, which gradually spread upwards, as high as his loins, accompanied by defect of sensation. He had suffered a good deal in his head after the blow. Repeated small bleedings from the head—an active seton—low diet—mild aperients, constituted the remedies; and, under this plan, he slowly improved. This case goes to the support of PROBABILITY in Mr. Earle's views, but no farther.

The fifth case, was that of a youth of 15, who came into Bartholomew's Hospital for paralytic affection of the lower extremities. Five years previously he had been operated on for cataract in both eyes, and, by the subsequent inflammation, one eye was destroyed. The other experienced a similar fate about a year afterwards. Severe head-aches attended and followed this last catastrophe, and his lower extremities became weak, with shooting pains, and some

involuntary contractions of those members. The symptoms of cerebral disease were very evident when he came into hospital, and the proper remedies were directed to the part. He was so much relieved as to be able to leave the hospital.

From the above cases it will appear very probable—and, indeed, it cannot be reasonably doubted, that cerebral disease may produce paralysis of the upper or the lower extremities—but these cases are very far from *proving* the position, for the reasons alleged under each case. Neither do they militate against the doctrine we maintain, that local paralysis may depend on local affection of the nerves, independent of any disease in the brain or spinal marrow. Even when the original injury is sustained by one or other of the above parts, and local paralysis—say paralysis of the feet and legs follows,—it is highly probable that the nerves of those parts paralysed, have experienced some organic change not cognizable by our senses. If there be sensibility in the thigh and none in the leg, is it not evident that the immediate cause of this insensibility of the leg must be in the portion of nerves distributed below the knee?

Of the cases of paraplegia dependent evidently on disease of the spine, we shall notice only one.

This was a corpulent man who was thrown from his horse, and fell on the sacrum. Little or no inconvenience was experienced at the time; and it was not till after many months, that he felt a difficulty in throwing his leg over his horse. This was followed by disposition to trip, and inability to raise his feet and measure correct distances. These symptoms gradually increased, until the motive powers of the lower extremities were entirely lost. Various means, depletory and counter-excitant, had been used under the idea, that the disease was in the spinal cord, but the paralysis advanced upwards, and at length the superior extremities lost their muscular power. The rectum and bladder escaped paralysis. During all this time (nearly two years) his general health was good—his mental faculties clear. Sensation continued perfect to the last in all the parts deprived of motive power. He died at length, apparently from want of muscular power to breathe. His intellect was unimpaired within ten minutes of his dissolution. Various medical men were consulted during this patient's illness—and various opinions were entertained, as a matter of course. The more general opinion was, that this was one of those cases described by Dr. Baillie. Our author was led to impute the cause to affection of the spine—indeed we cannot see on what kind of evidence the other party grounded their diagnosis, for there was not a single symptom of cerebral affection from beginning to end of the complaint.

*Dissection.* The bodies of the last two lumbar vertebræ were very prominent, and bridges of newly formed bone connected several of the lower dorsal vertebræ. Much bloody effusion issued when the spinal canal was opened—"and great congestion of vessels was found *exterior to the membranes, between them and the bony canal.*"

Ulceration of the posterior surfaces of the bodies had commenced at several points in the lumbar and dorsal spine, with a thick yellowish deposit covering the ulcerated parts. There was more fluid than usual between the dura and pia mater. The latter was very vascular. The medulla itself was very hard, as was the cellular texture of the bodies of the vertebræ. In the head, a small quantity of fluid was found in the ventricles—and the arachnoid, at the basis of the brain, was slightly milky.

There cannot be a doubt that, in this case, the paralysis was owing to chronic inflammation of the spinal column, affecting both the osseous and the soft structures.

The cases where both head and spine were found involved in disease, we must pass over. Some of our mercurial brethren, in the noble art of reviewing, will doubtless think us extremely clumsy in occupying four or five pages of close type with an article of fifty octavo pages, the analysis of which they would have compressed into one or two pages of large type. We much doubt whether such analytical reviews can give satisfaction to either the author or the public. We shall certainly continue our usual practice of giving a complete analysis of all articles on which we enter, and where the matter is of a practical nature. Where criticism merely is wanted, we shall probably be as brief and to the point as our neighbours.

There are three distinct kinds of reviews—the analytical, the critical, and what might be termed the TOM-TIT-ICAL. This last species is of modern invention. Thus, in a recent number of a celebrated cotemporary, Dr. Abercrombie's whole work was *dispatched* in three or four columns, although a single division of it cost us many days labour, and has occupied fourteen or fifteen pages of our present Fasciculus!

## 2. *Rupture of the Uterus not fatal.* By Dr. Smith.

The utility of registering cases where rupture of the uterus has not terminated in death cannot be disputed, as such cases fortify the mind in the prognosis which, we all know, is imperiously demanded from the medical practitioner, on such trying occasions. It is the duty of Journalists, however, to divest such registry of all unimportant details, as greatly abridging their diffusion through medical society at large.

*Case.* Mrs. H. aged 40 years, the mother of nine children, was taken in labour in the seventh month; the membranes broke; the pains were sharp; the presentation natural. In consequence of symptoms which justified venesection, this was directed, but could not be effected, in consequence of the fatness of the arm. Eight or ten hours after the rupture of the membranes, the patient com-

plained of severe pain in her back, and through the abdomen, "as if a sword had been thrust through her," followed by a considerable discharge of blood from the vagina, faintness, and sickness. The labour-pains ceased—the countenance sank—the pulse rose to 130, extremely feeble—the abdomen became irregular in shape, and tender on pressure. On examination, no part of the fœtus could be felt. In a subsequent examination, Dr. Smith distinctly felt a rent, about two inches from the os uteri, across the posterior part of the uterus, nearly three inches in length, through which two fingers could be readily passed. The edges of the rupture were extremely thin. A consultation was proposed, but Dr. W. and the attendant surgeon, Mr. Whatman, were obliged to act. Mr. W. endeavoured to introduce his hand into the uterus, but found a resistance which he could not overcome. The attempt was made by Dr. W. and Mr. Charles, (who had just arrived) without success, in consequence of an adhesion of the os uteri to the vagina under the pubis, the effect of inflammation in a former labour. The most formidable symptoms now supervened, and it was determined to dilate the os uteri by a slight incision through the hardened part, so as to allow the hand to pass. This was performed dexterously by Mr. Whatman, and the hand was introduced into the uterus, the feet brought down, and the body of the child delivered. There was difficulty with the head, and, therefore, it was perforated through the lambdoidal suture, when the delivery was readily effected, the placenta soon following. Very little hæmorrhage succeeded. During these operations, the patient was often on the brink of death, but was supported by wine, brandy, and other stimulants. A large opiate was properly administered after the delivery was completed. The patient continued in a very alarming state for two hours, when she gradually recruited. Abdominal inflammation followed, with its usual phenomena, and was treated in a very masterly manner. This treatment we need not detail. The patient perfectly recovered, and lives a monument of the triumph of art over an otherwise inevitably fatal accident. We would ask Sir Anthony Carlisle what his female accoucheurs would have done in such a case—and what chance there would be of effectual chirurgical aid being given, if the practice of midwifery were confined to females? Why is the Westminster Hospital not left to the nurses, except when a surgical operation is to be performed? In midwifery, as in surgery generally, it is necessary to be practically acquainted with the efforts of Nature, in order to know when and how art is to interfere. If, therefore, you leave all natural and difficult labours to females, it will be nearly useless to call in surgeons or physicians when the case requires an operation of manual dexterity. But the question is absurd, and we are almost ashamed of alluding to it. It is the veriest chimera of a disturbed sensorium.

THE

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## No. XVI.

[FASCICULUS IV.]

FEBRUARY 23, 1828.

### Art. X.

*An Inquiry into the healthy and diseased Appearances of the Mucous Membrane of the Stomach and Intestines.* By W. E. Horner, M. D. Professor of Anatomy in the University of Pennsylvania.

[American Journal of the Medical Sciences, No. 1.]

THE disputes which have obtained respecting the natural and the morbid appearances of the gastro-intestinal mucous membrane, sufficiently attest the great importance of settling these mooted points by some acknowledged standard. Like Dr. Horner, we have frequently seen the most opposite conclusions drawn from identical appearances in the organs under consideration, without having any available experience or authority, by which the correctness of these conclusions could be determined.* These circumstances induced Dr. Horner to institute a series of observations on the mucous membrane of the stomach and bowels; and, by coincidences purely accidental, he was so fortunate as to obtain that description of information, in a few months, which, in the ordinary current of events, might not have been acquired in years.

"Three unsettled points present themselves in this inquiry:—1st. What is the healthy condition and appearance of the gastro-intestinal mucous membrane? 2d. What is its appearance in congestion from the agonies of dying? 3d. What is its appearance in genuine red inflammation?"

So much ambiguity and vagueness have obtained respecting the meaning of certain terms, especially inflammation and congestion, that our author thinks it necessary to state that, "by congestion, he means an accumulation of red blood in any part or organ of the body, without irritation or mechanical violence; and, by red inflammation, the accumulation of red blood which follows any local irritation."

"1. *Of the Natural Colour of Mucous Membranes.*

"When an animal is bled to death, the stomach being empty, the mucous mem-

* See our review of Mr. Annesley's work on the Effects of Calomel on the Mucous Membrane, in the 4th volume of this Series, p. 333, *et seq.*

brane of the latter, and of the intestines, is of a yellowish pearl colour, presenting at a short distance the lightest possible tint of pink; and few or no marks of blood exist, even in the large vessels under the peritoneal coat.

"*Experiment 1st. April*, 1827.—At a butchery in Spring Garden, a sheep, which had fasted for twenty-four hours, was slaughtered in the usual way, by cutting the throat, and immediately afterwards dividing the spinal marrow in front between the occiput and first vertebra. As soon as life was extinguished we examined the abdomen. The internal membrane of the stomach was of a pearl colour, slightly yellow, approaching to what artists call a light tint of bright brown, and the intestines were almost exactly like the stomach. Neither stomach nor intestines exhibited their blood-vessels, even of the largest size, except very faintly, and there were no red patches in either.

"*Experiment 2d.*—Was a repetition of the first experiment, and was followed by precisely similar results.*

"If an animal be killed with a full stomach by puncture of the medulla spinalis at its commencement, the mucous coat of the stomach will retain on the surface where the food was in contact with it, a light lake, approaching vermilion, from the detention of blood in its capillary system. The following experiments proved this:—

"*Experiment 3d. June* 1827, at the University. A full grown female rabbit of the white kind was fed upon green cabbage leaves. In about three hours afterwards she was killed by pithing with a saddler's awl between the occiput and the first vertebra. Immediately upon the introduction of the instrument, the body was seized with a spasm, the extremities were drawn together and convulsed; the animal gaped two or three times, but there was no inspiration. In five minutes after pithing, the abdomen was opened; the circulation was found by pressure upon the veins to be going on but languidly in the parietes of the abdomen and in the abdominal viscera. I waited five minutes more, when it seemed to be completely stopped.

"I then cut out the stomach, laid it open along its great curvature and washed away with a stream of water its contents, which presented the appearance of having been well boiled and bruised. The food would have measured probably about an ounce, and was principally in the left half of the stomach: there was no hour-glass contraction of the latter. The mucous coat of the left half of the stomach was of a uniform light lake, approaching vermilion, without blotches or shades of difference, and firm; but the mucous coat of the right half was almost destitute of vessels or injection, and had the dull pearl colour of the stomachs of the sheep bled to death. The mucous coat of the small intestines was the same colour as the stomach, but much lighter.

"The vermicular motion continued for ten or fifteen minutes in the intestines, after the abdomen was opened. I observed that the same occurred in the horns and body of the uterus, quite as clearly as in the intestines, and that it could be produced at pleasure by puncture, by clipping, and by stirring. On the uterus being slit open from one end to the other, it flattened itself out, and the internal surface corrugated precisely as in the small intestine. The capillary system of the liver bled freely half an hour after death, upon being punctured with the scissors.

"*Experiment 4th.*—A full grown female rabbit—Opened the abdomen, by a cut from sternum to pubes—intestines became very highly injected with blood, in a few minutes after being exposed. Laid open the colon and irritated the internal coat by rubbing—it took on a bright scarlet lake colour, approaching to vermilion; —on the external face of the same intestine, an anastomosis was manifested resembling a very fine honey-comb. The stomach was laid open by a section along its greater curvature, and the bouillie-like contents consisting of green vegetable matter turned out. The internal coat of the stomach highly suffused with blood,

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* "These two experiments, or rather observations, were executed by Dr. La Roche and myself in commencement of a joint series, from which, much to my regret, his departure for Europe withdrew him at this point of our inquiry."

and of a deep crimson lake colour. The stomach bled very profusely from the cut surface, in consequence of which, it began to clear up, by its colour becoming less intense. Applied some alcoholic solution of corrosive sublimate upon one spot of the internal coat of the stomach, about ten minutes after the commencement of the experiment—it did not seem to produce any impression, perhaps owing to the hæmorrhage. Killed the animal in twenty-five minutes after commencement, by pithing it behind occiput; then cut out the stomach. The cardiac half was of a light tint of lake colour; the pyloric half was of a yellow pearl colour. The stomach after death, in this experiment, corresponded with experiment No. 3, in the colour being uniform, not mottled. The peristaltic movements were observed in the uterus and its cornua. After pithing, gasping occurred, with the usual cessation of respiration.

"*Experiment 5th.*—A full grown rabbit. Punctured medulla spinalis, at commencement, respiration stopped immediately. In five minutes opened abdomen, capillary circulation as well as that in the larger vessels, brisk. In twenty minutes capillaries of liver, spleen, and kidnies bled on being punctured with a saddler's awl—stomach and bowels did not. Cut the stomach open along its greater curvature and turned out its contents, then removed and washed it well immediately. The left half of a lake, approaching vermilion, uniformly diffused as in experiments 3d and 4th, the right half of a dull pearl, as in the same experiments."

Dr. Horner observes that, "from the great number of blood-vessels distributed through mucous membranes, they are, during life, of a very bright red colour, on many of the viscera, as the stomach, the small, and the lower end of the large intestines, on the vagina and nose." In many other parts, they are much less vascular, as in the lining membrane of the sinuses of the nose, in the bladder, and in the excretory ducts generally. "The nostril and the vagina, in a robust healthy person, will probably be found to represent correctly the shade of colour which, in life, belongs naturally to the gastro-intestinal mucous coat."

"*Observation 1st. Living Colour of healthy Mucous Coat of Colon.*—There is now a female in the Surgical Ward of the Philadelphia Alms-House, who suffered some time ago from prolapsus ani, which is said to have protruded about six inches: the protruded intestine sloughed off, as well as the sphincter ani and the adjoining integuments. This new state of the parts affords a distinct view of the internal coat of the colon, near the sigmoid flexure. The perineum has cicatrized and united to the end of the colon, but the surface is kept excoriated, by the continued excrementitious discharges; from the want of a sphincter. In this patient, the mucous coat is of the colour of the vagina, or of a recently blistered surface of the true skin."

The second observation (in the dead body) adduced is, that of a man who died suddenly, (after 20 minutes' illness,) and was examined 12 hours after death. The cause of death was disease of the heart, but this we need not detail. Some parts of the internal surface of the stomach (summits and sides of the rugæ) were of a brown, some of a pearl colour. The same was the case in the jejunum; but the inner surface of the colon was of a dull pearl colour.

Dr. Horner never saw abdominal viscera more healthy than in this case, and, therefore, thinks the appearances presented may be taken as a standard.

## II. COLOUR OF MUCOUS MEMBRANE IN CONGESTION.

Dr. Horner confesses, that our materials for elucidating the laws and phenomena of passive congestion are exceedingly imperfect. He thinks, however, we may fairly infer, that the congestion of red blood in any part of the body is commonly produced by an obstruction of one or more of the large venous trunks which return the blood to the heart. This is exemplified by ligature on the arm, tight garters, or other article of dress, tumours pressing on the course of vessels, &c. But then, in such cases, the congestion disappears the moment the obstruction is removed, and the function of the part is restored. If, however, the congestion continues an undue length of time, the congested part will inflame, or even mortify, as in strangulated hernia. The following case is curious in many points of view, besides bearing on the physiological, or rather pathological, point in question.

*Case.* W. Thompson, aged 37, was admitted into the Philadelphia Almshouse, on the 18th June, 1827, with abscess around the cricoid cartilage, and died two days afterwards.

"*Previous History.*—While in France, some years since, had secondary syphilis and other constitutional affections,—was salivated for a length of time—recovered—came to this country; where he has continued since in the capacity of coachman. Has drank freely for some time past. About four months since, had common catarrh, the result of which was some difficulty in deglutition and respiration, and tremor in the throat.

"*Symptoms.*—When admitted, there was a flattened, immoveable tumour in front of the thyroid cartilage, about two inches in diameter, half an inch thick—inspiration difficult in the extreme, amounting almost to suffocation—expectoration purulent—deglutition exceedingly painful—countenance anxious and distorted.

"The tumour was removed by the knife on the day of admission, at four o'clock, P.M. I found it lying on the whole front part of the thyroid cartilage, between it and the sterno-hyoid muscles. The wound was filled with lint, and then covered with a compress of the same, maintained by a roller: in ten or fifteen minutes afterwards, it began to bleed rather freely. I then removed the dressings, turned the clot of blood out of it, sponged, and not finding any bleeding vessel, I directed it to be left undressed, with a light cloth thrown over it. This answered to arrest the bleeding until midnight, when it again bled half a pint and then stopped. The tumour was of the hard encephaloid kind, having, however, a small purulent softening in front; it seemed as if it might have come from a lymphatic gland; but its flattened shape was adverse to this idea, neither had it a distinct capsule.

"He spent the night but slightly relieved by the operation, pulse rather full, and tense—expectoration and deglutition less painful and difficult—the former thick, white, purulent and consistent—Ordered venesection ℥viij. ℞. Tart. Ant. gr. ij.—Aq. pura, ℥viij. M. A table spoonful every hour—took six doses, then stopped on account of nausea.

"*June 9th.*—Respiration very laborious—expectoration as yesterday—will not consent to tracheotomy, which I now proposed to him. On the tenth, died at ten o'clock, A.M.

"*Autopsy, six hours after death.* An entire removal of the tumour over the thyroid cartilage—its bed thickly covered with coagulating lymph—thyroid gland

healthy—superior laryngeal nerves not affected—No marks of capillary congestion, on the surface of the body—Lungs healthy in structure, some old pleuritic adhesions on left side—no particular congestion, save at their posterior part, perhaps less blood than natural found on cutting into them—miliary deposits of coagulating lymph on the surface of both lungs."

In the pericardium there was a small quantity of fluid. The system of the vena portarum was filled with blood, even in the fine intestinal branches, giving a purple colour to the alimentary canal. The colon externally was of a pearl colour. There was the mark of an abscess in the liver. The peritoneal surface of the stomach was pearl-coloured—the internal surface of a light pink generally —summits of rugæ like red streaks, studded with minute dots of red. The mucous membrane of the small intestines was of similar appearance, and the inner lining of the colon presented a tinge of red.

"*Throat.* Along the upper margin of the glottis, as formed by the doubling of the membrane from the tip of the arytenoid to the side of epiglottis cartilage, a tumour existed on each side, formed of serum and coagulable lymph, about the size of a small nutmeg, so loose as to hang over the glottis, and to be drawn over the rima glottidis in every act of inspiration.

"Cricoid cartilage, at posterior part both externally and internally, separated from its perichondrium; whose surface was in the condition of a fistulous sore.

"Aryteno-cricoid articulation, detached by the extension of the latter disease. A sinus formed communicating between the fistula and the right ventricle of the larynx. Posterior part of cricoid cartilage reduced to a thin edge above,—its diseased surface, rough and resembling a carious bone—lining membrane of trachea and bronchia, natural."

There was some serous effusion, and marks of congestion in the head.

To sum up on this head, it would appear, 1st. That congestion is not an active condition of the part affected. 2dly, That congestion most frequently is the result of mechanical impediments to the venous circulation. 3dly, That the other cases in which it occurs, are, where there is a want of reciprocal sympathy between the blood and the blood-vessels in the capillary system, in consequence of which, the latter refuses passage to the red blood.

We now come to an important division of this interesting subject.

## III.—Of the Red Inflammation of Mucous Membranes.

Dr. Horner, after making some general observations on the difference between inflammation and congestion, proceeds thus:—

"The traces of acute inflammation are in many cases very fugitive, and entirely disappear upon death, because the local irritation which attracted the blood and accumulated it, having ceased, the blood abandons that part and retires towards the centre of the circulation. We can seldom tell by the appearances twenty-four hours after death, the quantity of blood which has penetrated an inflamed membrane, as the peritoneum, the pleura, the cellular and mucous membranes, the skin, &c. The eruption of measles, and the redness of sore throat disappear on the death of the

patient. We are not, however, to infer from these circumstances, that the mere afflux of blood to a part constitutes inflammation, on the contrary it is attended with a dilated condition of the vessels independent of this afflux, for if death occur during the height of measles, the eruptions may be made to reappear by injecting the vessels.

"Bichat* has very properly observed, that in inflammation we should distinguish between acute and chronic affections, because, though the blood readily vanishes from the former, yet it will remain in the latter, because it has combined with the diseased organ. Hence, induration, suppuration, and vitiated secretions are satisfactory signs of inflammation of a part.

"The increased irritability of a part is the cause of its inflammation, and of the afflux of fluids to it. Frequently this increased irritability depends upon the sudden diminution of irritability in other parts of the body by depressing applications. Thus, cold suddenly applied to the surface by depressing the irritability there, causes an accumulation of it with inflammation of some one of the internal organs, as the lungs or bowels. Direct undue stimulation of an organ or part, will produce an augmentation of its irritability amounting to inflammation. The natural increase of irritability of organs at particular periods of life, sometimes amounts to inflammation, as that of the uterus at puberty manifested by menorrhagia, amenorrhœa, &c. the extreme tenderness of the breast at the beginning of lactation—the tenderness of the testicles during a state of sexual excitement, &c.

"It is principally in the capillary system,† that the phenomena of inflammation occur, and that the varying degrees of organic sensibility determine corresponding movements in the circulating fluids, accumulating them at one spot, and expelling them from another. Inflammation is therefore exactly the inverse of what BOERHAAVE believed, for, according to him, the blood pushed from behind by the heart into an organ caused its irritation or inflammation; whereas it is the irritation which attracts the blood.

"Irritation has all the gradations from the light, alternating, and varying blush of virgin diffidence, to that rapid and tumultuous afflux of fluids to an organ which in a few hours produces its dissolution. In slight irritations there is no fever, but when they are more intense there is an increased heat of the body, and an accelerated circulation throughout it. Fever in such cases is merely a general symptomatic affection, arising from the sympathy which connects the heart to all other parts, and has nothing of the specific affection in it, but merely manifests the grade of the irritation. Thus, a fever from a syphilitic bubo is the same as a fever from measles, from small pox, or even from a mechanical injury."

Dr. H. remarks that, in acute inflammation of the mucous membrane of the stomach, when the patient dies in the early stage of the disease, the blood-vessels which ramify through the stomach, are enlarged and distended with blood. The membrane itself is covered by a coat of mucus, which is sometimes limpid, like the white of an egg—but on other occasions, thick and purulent, like that from the nose in the last stage of catarrh.

"The mucus adheres frequently very strongly to the stomach, and is now and then so tenacious and consistent from the admixture of coagulating lymph with it, as to resemble a false membrane. When the coat of mucus is scraped and washed away, the mucous membrane itself is brought into view, being most frequently in the greater part of its extent of a deep red, approaching on some occasions, a crimson red, on others, a purple or black. These colours are owing to the injection of a prodigious number of capillary vessels in the mucous coat; and in addition to them, we find the inflamed part of the stomach interspersed with bands and patches of red,

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* "Anat. Gen. vol. 2, p. 22." † "Idem, p. 25."

of the colour of coagulated blood, being a species of ecchymosis, in which the blood has escaped beneath, and in the substance of the mucous membrane. The mucous membrane at these places is somewhat softer than natural, and sometimes appears swollen, may be readily detached from the cellular coat with the end of a scalpel, and is in the condition of a bouillie. In cutting through all the coats of the stomach, and looking at the incised edge, it will be seen that where the general and diffused redness exists, the colour is only superficial; but at the ecchymosed spots, not only the whole thickness of the mucous coat is concerned, but even the corresponding part of the muscular is more highly coloured than in common. In some cases where the gastritis has been occasioned by caustics, there are eschars of the mucous membrane, some of which are detached and leave the muscular, or even the peritoneal coat bare from the depth of the impression made. It is said that such eschars become more distinct some hours after the stomach has been exposed to the air.*

"In some cases of acute inflammation where the symptoms have been those of army dysentery, or of typhus fever, the stomach and bowels are occasionally found a little thicker than usual, and of a yellowish brown or red colour on their peritoneal surface, and in their thickness; the fœtor from them on opening the abdomen, is much greater than usual, and the peculiar smell of the halitus from the peritoneum is overcome by it.

"Some circumstances have been alluded to, by Drs. Physick and Cathrall,† which, if properly appreciated, would contribute much to settle the opinions of medical men in relation to gastric inflammation; for they go to show that the appearance of the inflammation of yellow fever varies according to the date of the disease. 'In two persons who died of this disease on the fifth day, the villous membrane of the stomach, especially about its smaller end, was found highly inflamed, and this inflammation extended through the pylorus into the duodenum some way.' The inflammation was exactly similar to that produced by arsenic.

"'In another person who died on the eighth day of the disease, several spots of extravasation were discovered between the membranes, particularly about the smaller end of the stomach, the inflammation of which had considerably abated. Pus was seen in the beginning of the duodenum, and the villous membrane at this part was thickened.'

"'In two other persons who died at a more advanced period of the disease, the stomach appeared spotted in many places with extravasations, and the inflammation disappeared.' It and the intestines contained a black liquor so acrid as to produce inflammation and swelling on the operator's hands, which continued for some days.

"'The stomach of those who died early in this disease was always contracted; but in those who died at a more advanced period, where extravasations appeared, it was distended with air.' The external surface of the stomach was healthy, but from its veins being distended with blood, they had a dark appearance.

"In the dissections performed by Dr. Physick in the years 1798-99,‡ the inside of the stomach in some cases resembled the black vomit precisely in colour. In most of these cases no black matter was found in the cavity of the stomach, but the blackness depended upon this fluid being retained in the vessels of the inflamed mucous membrane. The doctor remarks that he never observed any putridity attending it, and that the colour was very distinguishable from the dark purple of gangrene. In some stomachs the blackness was universal; in others, in spots only; there being some spots in a state of high inflammation, and giving the inside of the stomach a chequered appearance. These spots, in one instance, resembled one another precisely in shape, and in all other respects, excepting colour, in which they differed, one being black and the other red."

In chronic inflammation of the mucous membrane of the stomach, this tissue

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* "Dict. des Sc. Med. T. 17."

† "Rush's Inquiries, Vol. 3, p. 172. Philadelphia, 1809."

‡ "Medical Repository, New York, Vol. 5, p 129."

is commonly found thrown into numerous folds. Sometimes it is thickened—of a denser texture than natural, and reddish, with irregular white patches. On other occasions, the whole of it is red, with purple spots, as in acute gastritis. Sometimes the whole of it is purple, approaching to a claret colour. Poisons of a force sufficient to cause sudden death, leave small ulcers near the pylorus, and along the great curvature of the stomach.

"In some observations that I have made on the stomachs of intemperate persons at the Alms-house, I have found the mucous coat thickened and dense, without any remarkable contraction of the stomach, yet thrown into numerous, thick, elevated rugæ, and the summits of those rugæ, so reddened by numerous capillary vessels injected with blood, that at the distance of a few feet they appeared, when the distinction of the individual capillaries was lost in the distance, like red streaks. This, which is probably one of the pathognomonic signs of a recent debauch in an old drunkard, is frequently mistaken in the post mortem examinations at the Alms-house, for congestion, from an arrest of blood in the agonies of dissolution."

The red blotches which form the leading anatomical character of acute mucous inflammation in malignant fevers, may be readily produced by chemical irritants.

A full grown rabbit, after being fed for three hours on cabbage, had the abdomen opened. The stomach was contracted in the middle, like an hour-glass. The whole mucous coat was of a scarlet lake colour. On wiping or rubbing the inner surface, the colour became deeper. Some solution of sublimate in spirits of wine was applied, and rendered the hue still more intense than before. The mucous membrane of the small intestines presented a light lake colour, which remained after death.

Dr. Horner has introduced a number of cases as well as experiments, illustrative of various morbid states of the gastro-intestinal mucous membrane; but our limits are exceeded, and we must pass them over very cursorily. It was the opinion of Dr. Physic that, in very high grades of gastric irritation, there is neither pain nor vomiting—the state of inflammation being so exalted, that its effects approximate those of the most deleterious poisons, which cause sudden death without local pain, fever, or any very sensible derangement of the functions, except a mere sense of debility and illness. The following is considered an example.

"Henry Turner, a black man, aged fifty-five, assistant in the apothecaries shop, at the Alms-house, after an apparently slight indisposition of a few days, which seemed to require rest rather than any thing else, while sitting up in his bed, suddenly expired almost without a struggle, May 4th, 1827. On dissection, twenty-four hours afterwards, the stomach was found of middle size, thick and dense, its mucous coat thrown into numerous, well-marked, elevated rugæ, and almost universally of a deep arterial red; the red globules of blood were extravasated in numerous spots and blotches in the thickness of the mucous coat and along the summits of the rugæ. This was a patient of Dr. Hodge, and I witnessed the dissection by chance. I declared unhesitatingly that the disease was an exasperated inflammation of the stomach, but owing to the want of an assignable cause for it, as well as the want of appropriate symptoms during life, the opinion was not very readily acquiesced in. In a few days afterwards it was ascertained through Mr. Marks, the apothecary at the Alms-house, that Turner had been taking private draughts from the bottle of Hoffman's Anodyne; at least, the quantity missing, could be accounted for in no other way."

Several cases of children are given, with the view of illustrating the same principle. Thus, a child, 8 months old, was apparently in health, and playing on the lap of its aunt, when it was taken suddenly ill, and died instantly. This occurred after taking a hearty draught of cow's milk, to which the child was accustomed. The body was examined 24 hours after death. There was some turgescence in the cerebral vessels—no disease in the thorax. In the stomach was found about a gill of a cheese-like coagulum of milk. The mucous coat of this organ was not vascular, but of a pearl colour. As small pieces of the said coagulum were found in the duodenum in an indigested state, it is highly probable, that the gastric irritation was the cause of death in this case. Several others are related, where children were seized with convulsions, and suddenly expired, presenting undigested substances in the stomach, and no other circumstance to account for the fatal termination.

"These observations upon the stomachs of children, illustrate sufficiently the fact, that the most extreme irritations of the stomach may exist during life, and may even be fatal, but yet not be manifested after death by unusual redness of the tissues affected. It would be indeed unphilosophical, and inconsistent with pathological observations on other parts, to exact from the stomach an invariable manifestation of disease, by redness and injection of its mucous surface after death. Let the redness of the skin in erysipelas be ever so strong during life, it frequently disappears wholly, by the retreat of the blood from its capillaries during death. Measles are similar in this respect, and the fact already mentioned is very worthy of attention, that if a fine injection be thrown into a subject who has died at the height of the eruption, the vessels originally dilated by the irritation, manifest themselves by the greater quantity of injecting matter they receive; or in other words, the eruption may be renewed after death, as I have satisfactorily ascertained by experiment. If any conjecture could be hazarded on these points, we are disposed to believe that during the process of death, the vitality of parts in a state of inflammation is frequently so far diminished that they no longer have the power of attracting the fluids in undue quantity to them, consequently their redness disappears.

"Acute inflammation of mucous tissues generally only thickens inconsiderably the part affected. It is attended by an increased secretion of mucus, of serum, of fibrino-mucous matter; and even an exhalation of red blood, from the blood-vessels being so extremely superficial. We see continually these phenomena going on in inflammation of the Schneiderian membrane and in colitis.

"It has been seen that if an acute inflammation of the gastro-intestinal mucous membrane does not kill in its early stages, the injection with red blood is frequently by no means so great as it would have been in the case of an earlier death, and the changes which I have generally observed, are as follow:—The stomach and bowels assume a dirty yellow or liquorice colour, the stomach presents internally small blotches of red at intervals, and frequently are found small filaments of coagulated blood adhering to the mucous coat of the stomach, seemingly at the orifices of the vessels from which they were discharged. The veins of the bowels are either partially or generally filled with blood. The intestinal mucus is abundant, adheres closely, and is tinged yellow by the bile. The mucous membrane of the stomach is easily peeled or scraped off by the finger nail. The brain in this state most frequently exhibits marks of congestion, and with some inflammation of its meninges. The eyes and skin are yellow. In the skin there are apt to be left blotches of red blood, resembling purpura."

We must now conclude our analysis of Dr. Horner's memoir. It is accompanied by coloured representations of the various conditions of the mucous membranes, executed in a very masterly style. The Essay is extremely creditable to the judgment and talent of our esteemed transatlantic confrère.

## XI.

### *Dr. MACCULLOCH on the Propagation of Malaria.*

IN the leading article of our 15th Number, we gave a pretty full account of the first six chapters of Dr. M.'s very interesting work. We now propose to dedicate a short article to an important chapter on the propagation of malaria, by which we shall render to the public a much more comprehensive analysis of Dr. M.'s researches, than has yet been offered in any other periodical publication.

We observed, in our former article, that, as Dr. M. had not travelled much himself, he had evidently made good use of his library, in the study of medical topography. We have since learnt that he is indebted to a gentleman, (who has made a comprehensive survey of the Mediterranean shores) for some very valuable information respecting malaria, and those places where that poison most commonly prevails. This circumstance, instead of detracting from the worth of the volume, very much enhances its value in our eyes, as giving a greater authenticity to certain details, than if they had been gathered from books.

### CHAP. VII.—PROPAGATION OF MALARIA.

Next to a knowledge of those localities which give origin to malaria, is an acquaintance with the laws by which it is propagated. It is properly remarked, that whatever this miasma may be in its simple state, it is only as united with the atmosphere that we know it. It must, indeed, be considered as the very atmosphere itself, where it exists—and its propagation must, therefore, be primarily regulated by those laws which govern the motions of the air. Unfortunately, we do not know much of these laws. The union of malaria with air may be more or less perfect, according to the varying conditions of the latter, as to moisture, and other physical qualities—and it is very clear that its propagation is greatly influenced—perhaps totally suspended, or mightily accelerated, by the ever-varying atmospheric conditions. Though not so capable of becoming durably attached to bodies as the matter of contagion, yet there are not wanting sufficient proofs that malaria is attachable to certain solid substances, as vegetables, and, perhaps, to the soil.

The first fact which arrests our attention in the propagation of malaria, is PROXIMITY. While the atmosphere is quiescent, it may be taken as a general rule, that the place in which malaria is produced, or that which is nearest to it, suffers most. This was probably known to the Romans, from the earliest ages; —and hence it may be, that so many of their ancient towns were situated on hills. Some fatality led to the site of Rome itself, in despite of this knowledge, if it did then exist. Dr. M. descants feelingly on the want of attention to this fun-

damental fact in the propagation of malaria, by men in all ages, while selecting places for towns, encampments, or single mansions.

"Rome perhaps became too gigantic during its period of ignorance, to be afterwards abandoned or transferred: but there was no apparent reason for perpetuating Calcutta, when, from the very hour almost, of its foundation by Charnock, its destructive situation had been demonstrated. That Holland should have persisted in inhabiting that Batavia which it had studied to render even more poisonous than nature had already done, by the model of its own pestiferous father-land, is a problem which Holland must be allowed to explain as it best can."

Innumerable other examples might be pointed out, of the ignorance or obstinacy of our forefathers, in selecting places, that actually courted the grim king of terrors to visit them more frequently than he otherwise would have done. It is chiefly in military service that the ravages of malaria have been conspicuous, and that the want of knowledge, or the want of inclination to listen to the dictates of experience, has entombed thousands in a premature grave! The writings of Lancisi, Zimmerman, Pringle, Lind, Blane, Jackson, and many others, take away all excuse from some of our modern commanders, for the rash manner of proceeding which they have often adopted, and by which armies have been annihilated, expeditions frustrated, and the best laid political projects counteracted. In Walcheren, we lost 10,000 men, and the Antwerp fleet to boot—when the French army attempted Naples, in 1528, they were reduced from 28,000 to 4000 men, in a few days, by choosing an injudicious encampment at Baix! Ignorance, however, might have been better pleaded 300 years ago than now.

"It was a fortunate discovery in fortification, that a dry ditch was more defensible than a wet one; since the safety and efficiency of a garrison seem never to have entered the minds, even of the Vaubans, the Coehoorns, and the Cormontaignes; though far more intimate, it must be supposed, with Malaria than ourselves."

A whole regiment (says Dr. M.) was incapacitated at Malta, and many of our men destroyed, by persisting to occupy a village which the natives had abandoned. A party of 30 men were successively destroyed, by obstinate attempts to occupy, as a telegraph station, a rocky point in Sicily, between Rasaculmo and Spadafora, although we were warned by the natives of the deadly malaria there prevailing.

"Thus also was our hospital at Port Mahon fixed on the precise spot where it received the whole malaria of that pernicious valley, pestiferous during four months of the year; while by choosing the elevation of Cape Mola, at its north-eastern margin, these bad effects would have been entirely avoided."

The next subject which we are to notice, and which is intimately connected with proximity, is CONDENSATION of malaria. It is natural to suppose, that the gradual production of this poison must occasion a gradual accumulation, unless decomposed or dispersed. Thus, we might anticipate that a marsh, confined within the walls of a forest, as in the pine swamps of America, or the marshy ground of a jungle, or even in our own moist woods, would accumulate malaria, and thereby render it unusually virulent. This is confirmed by experience.

So, also, a marsh, enclosed between high hills, or otherwise deprived of ventilation, is generally very insalubrious.

"How nearly this general rule may be applied to our own country residences, where uniting stagnant or still waters to the confinement of a woody lawn, it is quite superfluous to say. Those who cannot profit by general principles, but who must, at every minute, have the application made for them, are not of a capacity to profit by any thing."

And now for the MIGRATION OR DISPERSION of malaria. If currents of air always moved horizontally, as weather-cocks or the sails of ships would indicate, the matter might be more easily investigated. But the fact is, that atmospheric currents are irregular and intricate in the highest degree—nay further, they scarcely, in any instance, obey the common law of rarefaction, or unequal density, by which they are supposed to be regulated. If, therefore, we cannot explain how a current of malaria may be directed or limited, so, no movement can occur in this poison, however unexpected, that may not find its solution in the capricious currents of the atmosphere. If these currents move vertically upwards, so may malaria—if downwards the malaria may descend. Indeed, both these facts are ascertained. If there be curvilinear courses of malaria, there are curvilinear winds enough to justify such courses. But there are phenomena attendant on the propagation of malaria, which cannot, we fear, be explained, even by the capricious and intricate currents of the atmosphere. One of these is the fact, that a marshy spot of ground will produce disease at some distance, while the inhabitants of the marsh itself will be little affected, or escape altogether.

"In Italy, it has been ascertained that the poisonous exhalations of the Lake Agnano reach as far as the convent of Camaldoli, situated on a high hill at the distance of three miles: this instance further proving that, thus far at least, Malaria can be conveyed by the winds. In France, at Neuville les Dames, above Chatillon on the Indre, and at St. Paul near Villars, both situated on high grounds, there are found as many or more fevers than in the marshes beneath where the Malaria is produced, and the same is generally true all through Bresse in the Lyonnais. Thus also the plain of Trappes near Versailles is affected by the marshes of St. Cyr, though considerably elevated above them.

"I am also informed that a case of this nature occurs in Malta, of a very marked nature; the Malaria which is produced on the beach beneath a cliff, producing no effect on the spot itself, while it affects, even to occasional abandonment, the village situated above. Many more similar instances might be collected; but I must be content with adding a few from our own country coming under my own observation, and sufficiently well known to be easily verified.

"At Weymouth, where the back-water, as it is called, produces intermittents, and also autumnal fevers, commonly mistaken for typhus, these diseases scarcely affect the immediate inhabitants of its vicinity, but are found to range along the high grounds above; and the same, in Cornwall, is true of the vicinity of St. Austle, receiving its Malaria from the marshes of St. Blaisey. If I am not misinformed, it is equally true of the marsh of Marazion in the same county.

"The marshes about Erith in Kent, also, are less injurious to the inhabitants of the lower grounds near them than might be expected; while their effect on the houses which are situated high on the hill above, is such as, at different times, to have been very severely felt by the inhabitants. The same is true of Northfleet, if my information is correct; or, the fact as stated is, that at some distance, on the high ridge so well known, agues are more prevalent than below and near the point of

the production of the Malaria. If this is not to be explained by the flow of a current, so directed as to escape the low grounds beneath these cliffs and declivities, while it ranges across the hills in contact, I have no solution to offer."

Here our author introduces a statement from Captain Smyth's valuable statistical table of Sicily, which appears to generalize the whole of these facts—and lead to the conclusion that, in nearly an equal number of cases, the higher grounds suffer as much as the lower—the locally healthy as much as those which are the very seats of the malaria!

"In this document, out of seventy-six unhealthy towns and villages enumerated, there are thirty-five situated on hills or declivities; while, from his personal information, I may add that many of them are at considerable distances from the tracts which produce the disease. And I may add one remark as to the theory of this propagation, derived from a writer on the climate of Italy. It is, that the southern winds in that country, propagate along the hills, upwards, that Malaria which the northern or mountain ones do not; such winds, independently of their superior power in producing the pernicious exhalations, tending, from their temperature, to ascend the acclivities, while the other winds, as is easily understood, have the opposite inclination."

Dr. M. makes many interesting remarks on the propagation of malaria along vallies, and on the opposite effects produced, in different places, by the same process—the cutting down or the planting of trees. Thus the cutting down of trees, in some places, would let in a stream of malaria—in others, it would keep it out. Hence the topography of places must be well studied, before we venture on any preventive or corrective measures. Thus a convent at St. Stephano, became unhealthy in consequence of cutting down some trees—and the extirpation of a wood brought on severe fevers at Velletri, during a space of three years, as also happened at Campo Salino, in the Pontine Marshes.

We had occasion, in our first article, to advert to the opinion entertained by many, that Rome was, in ancient times, protected from malaria, by groves that were held sacred. Lancisi remarks that, in later times, there was extirpated near Rome, a forest to the southward, reaching from the heights of Fracasti and Albano, to the Tiber, protecting it from malaria so abundantly generated in that quarter by marshes. Thus, says he, was destruction first let in upon the Campagna. Since that date, if Dr. M's information be correct, a similar proceeding seems to have opened Rome itself, in another quarter, to the malaria of that pernicious land. Dr. M. observes that there was formerly, in a situation interposed between the Campagna and the Porta del Popolo, a wood, cutting off the communication through the north-east winds—and it is, since the destruction of this wood, that the new progress of this pest has been noticed. If this be a fact, it will prove a valuable one, as the Papal government will thus acquire a remedy, as far as this point is concerned, which it has long sought for in vain by drainage.

In whatever way the malaria is generated, or makes its way into the everlasting city, its progress seems to be determinate, if slow:—spreading, as it were, from a fixed point, and making, in every year, a further step, so as gra-

dually to drive the inhabitants before it—as far, at least, as they are opulent, and able to quit their unhealthy habitations. The progress and various windings of this malaria through the streets of Rome, are traced for Dr. M. by some hand, who was evidently well acquainted with the medical topography of that interesting city. Dr. M. speculates on the fate of Rome, in mournful accents; but the malaria may take another direction, or some revolution in the bowels of the earth may procrastinate the fall of this mistress of the world. Dr. M. thinks, and with great probability, that the decreasing population itself, is one cause of the accelerated march of the malaria, since nothing checks the generation of this poison so much as dense population and high cultivation. Among the mysterious circumstances connected with the generation and propagation of malaria is its partiality for one side of a street, and its repugnance to the other side.

"In Rome, it is pointed out, in more places than one, that the Malaria, which must there be transported, not generated, will occupy, even with some permanence, and in some instances also, perennially, one side of a garden or a street, while the opposite one remains exempt. If, in some cases, this is connected with that singular propagation just described, it is an explanation that will not solve every case of the difficulty. They who know Rome, and its tales on that subject, will remember the opposed churches where the porter or janitor on the one side, long and invariably suffering from fever, was cured by the mere transference of his office to the opposite side of the same street; and where, at the same time, the duty had been always as safe as it was invariably dangerous or destructive on the other. This is a circumstance indeed of very frequent occurrence in various parts of Italy, but I will only quote one more instance from that country, out of many, because it is well known to many officers then serving with our army in Sicily. The village, the name of which has escaped me, unless that be Faro, was situated above the Faro of Messina; and while one side of the street was in the highest degree pestiferous, producing mortal fevers among the troops, the opposed one was entirely exempt."

Dr. M. endeavours to throw some light on this apparent mystery, but with very doubtful success. It is probable, he observes, that the matter of malaria is often connected with vapour or mist—nay, that it is conducted and confined by this its vehicle. We find dews, mists, and hoar-frosts often occupying a certain extent, both as to height and depth, reaching, for example, a particular hedge in some valley, and then ceasing by a most definite and sudden line; while also terminating at a particular altitude on the trunks and branches of trees, as if suddenly cut off. This being the case, we may conceive how a malaria, thus united with a mist, may be as defined and local as it actually is found to be, in these singular cases. The following is a remarkable domestic instance of the transportation of this peculiar poison, for the accuracy of which our author pledges himself.

"This is the high road between Chatham and Feversham, involving an extent of about twenty miles; and it is here remarked by the inhabitants, that in every village and town, including also the detached houses, and comprising, from Chatham, Raynham, Newington, Sittingbourne, Bapchild, and Boughton, the ague occurs, on the left hand side of the road, generally, and is unknown on the right side; though the breadth of the road itself forms the only line of separation. If I were to repeat, in addition, some special facts, believed and related by the inhabitants of some of these places, and at Sittingbourne among others, this separation is even more

wonderfully and mysteriously precise than the general fact as thus stated would prove it to be. I need only add, that the lands producing this Malaria are situated generally at about a mile distant, on the left hand, being as well known as the road itself."

The above fact rests on such unquestionable authority, and on so many eye-witnesses, that it cannot be doubted. Indeed, it is not much more remarkable than the confinement of malaria to one side of a street. The late terrible epidemic cholera of India, presented innumerable instances still more inexplicable than the above. The cholera would travel for days and weeks along one bank of a small river or even of a nullah, leaving the opposite bank free—and then deserting its favourite track, it would suddenly migrate to the bank that had so long escaped its ravages. For our own parts, we would be more inclined to account for the phenomenon, on the principle of malaria *generated* on the spot, than *transported* to it from a distance. The cause of the epidemic cholera at length reached Cape Comorin, and, from thence, after a certain lapse of time, it travelled to the Mauritius, over a great tract of ocean, and without the aid of a favouring monsoon—nay, against the atmospheric currents. How could this be transportation? It must have been generation.

The caprices of malaria, in respect to level, are often very difficult of solution. In Italy, where it was first remarked, as a general rule, that the malaria lay near the ground, and was transmitted in the direction of a stratum near its level, in preference to a higher one, the solution was sufficiently obvious. Thus, it was found safe to sleep in the second or upper story of a house, while the fever seized on those below—hence certain popular practices relative to the closing and opening of windows. This fact was also well ascertained in other and distant regions, both in the eastern and western hemisphere.

"The solution here seems easy, and perhaps it is also the true one. It is, that the Malaria is especially united with that transferable substance which forms the foggy stratum; or that the lowest portion of the atmosphere in the act of depositing water, is its vehicle and its residence."

It is not a little curious that, in some places on the coast of Norfolk, where malaria prevails, the second or upper story of a house becomes its favourite point of attack, while the ground floor invariably escapes. It is probable that, were the circumstances narrowly investigated, there would be found an explanation in the direction of some prevailing winds, or other local incidents, that have hitherto escaped observation.

The poisonous gas constituting malaria, or the vehicle in which it resides, is capable of lodgment and retention in places where it has not been produced. Valetta offers a striking example, in the cases of the Floriana Guard, which suffered so severely, while other portions of the garrison escaped. Here the ditch was very deep and narrow, but so perfectly dry, that it could not be suspected of producing the malaria to which the effects in question were owing. Nor could this be explained, except by supposing that this ditch lodged and protected from dissipation, a current of noxious air, produced from the salt

marsh, which seems to be the source of the malaria in Valetta, and which the sea-breeze directed on this spot.

"Nor is this explanation improbable, either for this case or other similar ones, when we know that carbonic acid, as well as watery vapour, or a moist atmosphere, can thus remain at rest on the ground, or in any other place where it is protected from the general circulation of the atmosphere, for a great length of time."

The idea of the attachment of malaria to solid substances is strongly countenanced by many facts. Thus, in the Campagna of Rome, it is remarked that, if the labourers cut down certain plants, (a bushy thistle,) a fever, that otherwise would not have occurred, is the consequence. The malaria is supposed to be entangled within it, and to be let loose by this disturbance. Farther it is observed that, in many parts of Italy, the labourers are safe, so long as they keep to the erect posture; but if they sit or lie down, they are in danger.

"In such cases as this, from the far inferior virulence of the poison with us, the result might be a very slight fever, or at most an ordinary one; while, as such an event would most frequently occur during the time of harvest, it would naturally be attributed to heat or fatigue, or to the influence of the sun; and might thus, under peculiar symptoms, as it most unquestionably often has, be even considered a phrenitis."

In respect to the propagation of malaria, as dependent on certain chemical conditions of the atmosphere, our author has little to offer except analogy, and some detached facts. If not rigidly a gazeous matter, Dr. M. thinks it must be such, or nearly such, in its union with the air. If odoriferous substances be allowed to be analogous, the malarious gas should be most easily united with, and diffused through, a moist atmosphere—as seems to be tolerably well proved to be the case with the matters of contagion generally. A moist atmosphere, indeed, may not only give facilities to the propagation of malaria, but contribute to the production of those diseases which are of a malarious character. But, in how far a moist air is favourable to the primary formation or development of the poison itself, is a question which cannot be solved in the present state of our knowledge. The *propagation* of it by air impregnated with moisture, is, he thinks, pretty well proved, not so much by definite facts, as by a great number and variety of probable circumstances. Thus, the popular opinion goes not only to the belief that malaria is conducted by common fogs, but that these fogs themselves are the poison, or, at least, the cause of the diseases. This is the opinion in Holland, in America, and even in this country. The intermixture of malaria appears to be the real cause of the pernicious nature of fogs, making allowance for the effects of cold and moisture at the same time.

"If it were not so, the same diseases which the pernicious fogs of fenny countries produce, should occur in elevated or mountainous situations subject to be involved in clouds, since the cloud is, in every other respect, a fog. If it were not so, the fogs of dry countries should produce the same diseases as those of moist ones, which they do not; and if it were not so, the westerly fogs that so often arrive in our island from the Atlantic, should generate the diseases of Malaria, like the easterly ones arriving from Holland or formed on our own fenny coasts, which they are never

known to do. And to confirm this, it is remarked, that while, in Flanders, (in Artois,) it is the south-westerly and southerly winds which bring and spread disease, in consequence, obviously, of the lands which they traverse, as well as of their own conducting qualities, it disappears as soon as the sea wind from the northern quarters sets in, although this is accompanied by dense and durable fogs. And the same rule will be found to hold good in many parts of the Mediterranean, as well as in France, in numerous cases."

The next fact is analogous, though somewhat different. It is equally a matter of popular belief and medical evidence. It is the pernicious nature of the morning and evening mists formed on low grounds. In the hotter climates, the effects of such mists in generating fever are very notorious—and this fact certainly strengthens the doctrine that the watery or moist atmosphere is the active conductor or repository of malaria—and that when the former is dissipated, as by the sun in the day, the latter is checked in its progress—possibly in its production. The poisonous qualities that have been attributed to dews in hot climates are doubtless owing to their holding miasmata in solution.

"Thus also is it especially remarked, that if a hot day is succeeded by a cold and damp night, the effects of Malaria are much augmented; and the same analogy holds as to similar changes in seasons, or as to incidental ones occurring in any manner. Hence if cold and wet weather should unexpectedly take place in the midst of a hot summer, an augmentation of severity, or a state of disease before not in existence, will occur; and hence also severe epidemics occur particularly, if, to such a hot summer there should succeed a cold and rainy autumn; the production of the poison, as I formerly remarked, being apparently augmented in this manner, while the atmosphere is also rendered a better conductor."

The effects of rains in hot climates are accounted for in the same way by our author, who disagrees with Park and Lind as to the power of rain or rainy seasons to produce intermittents by themselves. He here mentions a curious popular belief, grounded on popular experience, in Italy—namely, that there is no danger from malaria, however plentiful it may be, after nine o'clock at night—in other words, that its influence belongs to evening rather than to night.

"It is conceived, of course, here, that as it is entangled in the morning vapour, becoming dissipated or destroyed as the sun approaches the meridian, so when the condensation of the evening mists has been completed, it is precipitated and rendered inert or null."

This is the explanation which Dr. Johnson gave nearly 20 years ago, with the addition that, as the earth, in hot climates, continued to be hotter than the air for some hours after sun-set, so there continued to be an extrication of miasmata from the earth, for some time after sun-set, thus meeting with, and augmenting the miasmata falling with the dews. In this country, indeed, the night air is considered unhealthy—but this circumstance is generally attributed to the cold of the night. Dr. M. believes this explanation to be quite erroneous, and the following are his sentiments.

"It is thought unwholesome because it is cold, or because it is damp: these are the reasons assigned; but the philosophy is false or confused, and thus the rule of avoidance becomes an inconvenience without being a precaution; while as an inconvenience, it is for ever broken. It is broken also when this air is not damp and not cold, because the philosophy is erroneous: and hence danger and disease which real

knowledge would have prevented. No one fears a summer evening, even a mild summer night, unless indeed he shall find or fear a dew. Yet here lies the very danger; in a land of meadows and parks and ponds and rivers and woods, a thousand times more hazardous than all the nights of all the winters that ever were. This is the real night air to be feared, even though the grey mist should not rise, as it is called, or the dew not fall. To take a pleasant evening walk by the banks of the river or the lake, to watch the trout rise from the fish-pond or the canal at the evening flies, to attend the milking of the cows in the green meadow, to saunter among wet groves till the moon rises, listening to the nightingale, these, and more, of such rural amusements and delights, are the true night air, the Malaria, and the fever."

The prevention of such malarious influences in the night season, hinges principally on exercise, and invigorating food and drink. How far smoking and stimulant liquors may be preventive of the operation of miasmata, it is difficult to say, though the general opinion is that they are salutary. To sleep in a miasmal situation, exposed to the night air, is, of course, most dangerous. In this place our author dwells a good deal on *food*, as rendering the body more liable to the impressions of malaria, especially in hot countries, when taken in immoderate quantities, at improper times, and of too animalized nature. It is a fact, that the natives of hot climates almost always breakfast before sun-rise, and dine after sun-set. This is the case, at least, with the great tribes of the Asiatics. They eat but little in the heat of the day, and that chiefly vegetable food. They drink cooling beverages then, and repose as much as possible in the shade. The Europeans too often exercise, eat meat, and drink stimulating potations, throughout the fiery heat of the day, and we all know the rate of mortality among them. It is highly probable, that much of the sickness among Europeans is caused in this way.

It is a curious fact, in the history of malaria, and contrasts strongly with the properties of contagion, that the former is less readily propagated through dense population and dirty streets than along the most spacious terraces, or through the thinly inhabited suburbs. Thus the JUDAICUM at Rome (the Saffron Hill or St. Giles's, of London) escapes the malaria in a remarkable manner:—and so a great number of examples might be cited of the same kind. Perhaps the following explanation may be as good as any.

"The Malaria must be a chemical compound, and therefore decomposable: it is, experimentally, decomposed by fire and smoke, and it is therefore probable, that, amid the unknown mixture which forms the atmosphere of crowded streets or habitations, it is actually destroyed."

The last topic which we shall touch upon is, the real or supposed defence against malaria by means of a veil or canopeum surrounding the head. In Malta and some other places the belief in this measure is universal—hence the popular practice of covering the mouth and nose with a handkerchief, in the morning going out, or in other suspicious circumstances. If dependence can be placed in popular belief or assertions, there is some foundation for this practice.

Our limits have been outstripped, and we must bring our account of Dr. Macculloch's first volume to a close. We are now prepared for the promised

volumes on the diseases arising from malaria—and these must afford ample materials for interesting discussions. We shall not fail to give our readers due information of all practical matter brought forward by this industrious author. We are sorry to see some of our cotemporaries endeavouring to turn into ridicule all investigation of the nature, laws, and effects of malaria.* They would better exercise their "TALENTS," of which they have unfortunately TOO MUCH, upon the trickeries, the delinquencies, and the *abuses* of the profession. These are the legitimate objects of satire and criticism—not the patient labours of those who are toiling to draw the veil from some of those obscurities that are perpetually entangling the medical practitioner in the labyrinths of error.

## XI.

## MEDICAL EDUCATION.

IN approaching this important subject, once more, we feel that, however unequal we may be to the task, we shall bring to the investigation a freedom from prejudice, and complete independence of mind. We shall endeavour to discard from our thoughts (as far as possible) the impressions made by the writings of others, in order that we may examine for ourselves, and draw those deductions that should naturally follow an unbiassed and unimpassioned inquiry. The two great points of examination, in our opinion, are, *first*, what is the actual state of medical education in this country, and what are its defects?—*secondly*, what are the means most likely to remedy these defects, if they are found to exist?

We will suppose that a sovereign or a subject of this realm (for, on the bed of sickness, there is a sad levelling of ranks) is stricken down with any formidable disease—say gout in the stomach, and inflammation in the foot. The best aid that the healing art can afford is called in, and we will suppose Sir Henry Halford, Sir Astley Cooper—and Mr. Teggart, in consultation on the case. These gentlemen investigate the disease, and determine on the remedies. It would be consonant with reason and common sense that, were these gentlemen all educated and trained to the study of medical science in the best possible way, so they would bring to the treatment of the disease the greatest amount of professional information. But these three gentlemen, who may represent the three great institutions presiding over the profession, are educated in three different ways—and grow up with three very different views of the basis of medical knowledge. These three ways or views cannot all be the best—it is more than probable that not one of them is the best that could be devised. The representative of the COLLEGE of PHYSICIANS is taught to consider a long and expensive study of Greek, Latin, Mathematics, and Philosophy, in two specific towns of England, as the sine qua non—the beau ideal of medical science—and laws are framed accordingly. The representative of the COLLEGE of SURGEONS has been trained in a very different way of thinking. His institution looks to anatomy, physiology, surgery, and the clinical practice of hospitals, as the sure path to the summit of medical knowledge. But this institution, too, has its peculiar views (if not prejudices) of study. Anatomy can only be learnt when the sun is in six particular signs (out of twelve) of the

* Vide "Death in the Bottle," in the 4th number of the MEDICAL GAZETTE.

Zodiac. The anatomy acquired under ARIES is good that under SCORPIO, is—good for nothing! The *point* which the mercury indicates in the thermometer, is, according to this Institution, the *grand point* in anatomy. Neurology, for example, if studied with the mercury at 32° would be excellent—but if studied at 65°, would be useless to the dissector! The acquirement of minute anatomy, according to this presidency, is nothing, when compared with the particular street or town in which it is acquired. The smallest *quantum* of anatomical knowledge is *cognizable* in the one case—but the largest amount is perfectly *incognizable* by collegiate optics in the other! The same rules are applicable to the elementary lectures on surgery. In respect to CLINICAL study, it was reserved for the moderns to discover that the number of square feet, which the wards of an hospital cover, is of infinitely more importance than the ability of the medical officers—the pains which they take to explain diseases—or the assiduity of the students. It has been ascertained, indeed, that a great analogy exists between public instruction and private practice. The number of patients which a surgeon visits in the day, makes the great or the little surgeon. The number of beds which a student runs past in an hospital, makes the eligible or the ineligible candidate for collegiate honours! Sound surgery, in fact, like lead or tin in the mines of Cornwall, has been ascertained to run in *veins*—and the collegiate miners have an intuitive knowledge of the direction of these veins, without any trouble of boring and digging into the soils which contain them! They have determined that there are certain meridian lines or parallels, along which the ore of surgical science can *only* run—and, consequently, that it would be labour lost to seek it in any other channel.*

But the representative of the College of Apothecaries entertains (from education and habits) a notion extremely dissimilar to either of the above. His creed is, that a knowledge of the external characters and pharmaceutical affinities of certain simples and compounds, is of far greater importance to the medical student, than a knowledge of the complicated structure and functions of the human frame to which they are applied. According to him and his College, five years of hard labour behind the counter, are essentially necessary to learn the noble art and mystery of rolling pills, filtering tinctures, mixing draughts, writing labels—and, what is of still more importance, posting the ledger—while 18 months or two years, are quite enough for the acquirement of that knowledge which consists in examining the structure of the human body—studying its natural and disordered functions—becoming familiar with the changes of texture induced by disease—and ascertaining the effects of the oceans of physic which he had dispensed during a long apprenticeship!

Now, in the name of science and common sense, how is it possible that three men coming into consultation, with such different ideas resulting from different modes of education and habits of thought, can amalgamate in their opinions—anatomical, pathological, or therapeutical? It is utterly impossible that any unison of sentiment can prevail in such a conclave—and hence one great source of the discordant ideas among medical men respecting the most common or familiar complaint.

This medical TRINITY, then, has done any thing but conduce to medical

* It is true, that these ideas being found to meet with universal disapprobation, have been recently modified—and the liberal party in the Chirurgical Cabinet has had partial success. But the promulgation and subsequent retractation offer the most incontestible evidence of the spirit which governs corporate bodies, when not controlled by the voice of the public, and the animadversions of the press.

UNITY. The existence of three chartered bodies, each having a distinct system of laws for medical education, is such a monstrous anomaly in the *study* of a science, whose principles are the same all over the world, that future generations will hardly credit the fact! It is to this triple-headed monster that the distractions of medical society must mainly be traced. But it may be said that there is a natural propensity in medical men to betake themselves to different branches of the profession. No wonder there should be, when the three great presiding institutions instil such divisions into the minds of youth, from their fourteenth year upwards! But the divisions in *practice* would be of no disadvantage, if there was a unity in the *study* of medicine. The different systems of study not only introduce heterogeneous systems of practice, but they deteriorate the practice of medicine generally. Thus, the line of study prescribed by the College of Physicians disqualifies its members for the practice of *surgery*—the code adopted in Lincoln's-Inn Fields is totally defective, as regards the practice of *physic*—while the system of the Apothecaries' College renders its candidate unfit for *both*, although *he* must practise all branches of the profession nolens volens! It is, we conceive, impossible for any man, not blinded by prejudice or seduced by party, to contemplate the anarchy, the confusion, and the discontent, which now reign in the medical world, without clearly tracing their origin to the distracted councils which promulgate so many different, and so many absurd systems of medical education.

As each of the three chartered bodies has a patent from government for the exclusive sale of a particular pattern of parchment, at an *ad valorem* profit of five thousand per cent, it requires but a very moderate knowledge of human nature, to foresee that the ingenuity of these bodies will be incessantly at work to turn this monopoly of parchment to the advantage of the rulers in the said bodies corporate. The edicts which have issued, and continue to issue, from the Colleges of London and Dublin, too plainly prove the truth of this position. With honey on their lips, these edicts breathe nothing but aspirations for the PUBLIC GOOD; while an analysis of their operation very generally traces their origin to PRIVATE AGGRANDIZEMENT. There cannot be a more dangerous principle infused into the constitution of a corporate body than that which sets LUCRE against VIRTUE—or, in other words, the interest of ONE'S SELF against the interest of ANOTHER. How generally, or rather how universally the *latter* kicks the balance when weighed with the *former*, need not be told in the year 1828.

Now let us inquire whether the corporate bodies above-mentioned, are tinctured with the principle in question? The College of Physicians, like the other two Colleges, draws its principal revenue from the sale of the patent sheep-skins already described. This, in itself, is a very bad principle. It is a principle which must incessantly prompt to extend the amount of sale, without any reference to the qualifications of the purchasers. The College must ardently wish that every physician in Great Britain—nay every physician in the world, might come to its shop, and purchase the licence. In favour of this, SELF-INTEREST continually doth cry! In favour of conferring the diploma *only* on men of eminent science, literature, and talent, to the great defalcation of revenue, the still small voice of *philanthropy*—or the *public good*, is opposed. To which party the College might be inclined to lend a gracious ear, we leave to our readers to guess! The sum of 57 pounds obtained from a country physician, is of some consequence to the College—but what further benefit can the College derive from the issue of the diploma, whether the bearer be considered in his native town, superior to a Baillie—or only a plodding every day physician, without any reputation at all? In such cases, if the interest of SELF

predominates over the interest of ANOTHER, it must be the policy of the College to throw every *facility* in the way of the Licentiate—and remove every thing in the shape of a rigid examination—and especially a public examination, from the sale of the patent parchment.

The very same train of argument applies to the College of Surgeons. It must be the object of that Institution, to place on its list every general practitioner in England. The revenue from the sale of parchment is immense—and, to throw such an impediment as a rigid and public examination in the way of that sale, would be the same as for a shop-keeper to put up a large board before his house, directing his customers to the next door! The College knows its own interest much better. It is fully capable of appreciating the relative value of NUMMUS and VIRTUS—and is far too classical not to adopt the motto of the Roman poet—"VIRTUS *post* NUMMOS."* Independent of the diplomatic revenue, with all its temptations, there is another danger, arising from what may be called "the chapter of accidents." Thus, where the curriculum of medical studies is left to the decision of a particular chartered body, it is possible that, with the very best intentions, a path might happen to be chalked out for the student, which would necessarily lead him to frequent certain emporia of surgical science, in which the framers of the said curriculum had a deep interest—by which *accident*, other and very excellent emporia might suffer, or be absolutely annihilated! Now this could hardly happen, if the curriculum was framed by a Parliamentary Committee. At all events, the chapter of accidents would be as likely to distribute its favour in one direction as in another.

Let us next look at the legal operations of these three corporate bodies. The College of Physicians has *only* jurisdiction over London and seven miles around—and that *only* over men who sign their names, as they write their prescriptions, in abbreviated characters. But what is worse, the statutes of the College, as now worked, too often operate in the encouragement of ignorance and the repression of knowledge! If a man, without any medical science, sets up for a physician, and even placards his name, as Dr. A. or Dr. B. through the streets, he may destroy as many lives as he can, and no molestation will be offered by the College; but if a man spend ten years in the best universities or medical schools of Europe, and then take out a diploma, after a severe public examination, he will be prosecuted by the College for prescribing in London—unless he pays 57 pounds to the corporation! This proves that it is the price of the licence, rather than the ability of the candidate, which is contemplated by the working of the statute—in other words, that it is VIRTUS *post* NUMMOS.

As to the College of Surgeons, it has no legal power whatever to control unqualified or unprincipled practitioners—and, if newspapers speak truth, it enrols on its lists some of the most unblushing Charlatans of this great metropolis! The concourse of candidates for the diploma of the College is, there-

* We are quite aware (and we have before stated the fact) that in the Council of the College, as in the cabinet of state, there are two parties—the liberals and the illiberals. The latter have been obliged, of late, to relax a little—partly in consequence of the animadversions of the press—partly, from the remonstrances of the liberals. Thus, certificates of medical, chemical, and obstetrical lectures are enjoined in the recent curriculum—but, as no examinations take place on these important subjects, the law is nearly inoperative. Few students will give themselves much trouble in attending to medical and obstetrical studies, when they know that the production of the certificate is all that is required, and that no questions will be asked in medicine or midwifery. This recent promulgation offers another proof of the necessity for a regular curriculum and a public examination, in all the three departments.

fore, produced by a voluntary impulse on the part of surgical practitioners themselves, in order that they may possess the *best* surgical testimony which the medical jurisprudence of this country affords. But it is clearly the interest of the College (we mean the mammon interest) to make the path to the diploma as smooth and easy as possible. It has no power to *drive*, and therefore it must *draw*. To expect then that the College of Surgeons will ever voluntarily institute a rigid public examination of candidates, is to expect in a corporate body the complete victory of philanthropy over self-interest. On these arguments and facts we found our proposition that the surgical curriculum and the examination should be chalked out by a power higher than that of the College, and free from all pecuniary interest in the effects of the curriculum and the examination.

It has been said of men, that some are born to honours—some acquire honours, and others have honours thrust upon them. In respect to the Apothecaries' College, it certainly has had honours—or at least powers, thrust upon it. It is not the least anomaly in this chaos of anomalies, that the lowest person in the medical trinity should be invested with the greatest trust. The College of Physicians cannot prevent a quack from practising as a physician—the College of Surgeons cannot prevent the veriest Charlatan from undertaking the most important surgical operations—but the Apothecaries' Company can prevent Hippocrates, Celsus, or Sydenham, if they were to rise from their graves, cloathed in flesh and blood, and endowed with all their pristine knowledge, from practising as a surgeon-apothecary, unless they submitted themselves for examination in the laboratory of drugs, oils, and colours, and bought the necessary admeasurement of the PATENT! A man may study and graduate in Paris, Vienna, Edinburgh, Dublin, or Glasgow—he may spend twenty years in acquiring all kinds of medical, surgical, and pharmaceutical knowledge—and still he dare not sit down in the remotest nook of this land of liberty, to practise as a general practitioner, without paying the tax in Apothecaries' Hall, or subjecting himself to a law-suit! Now, as the Worshipful Company, like the other two Companies, are annually chopping and changing their little CURRICULA, why is it that the said Worshipful Company does not encourage the acquirement of medical knowledge and medical honours, by exempting the graduates of regular Universities, who choose to practise in the same way as did HIPPOCRATES, CELSUS, GALEN, MORGAGNI, and the greatest men of their respective ages (who were all general practitioners) from the degrading tax of undergoing a mock-ceremony in Apothecaries' Hall? The reason is obvious. The motto in Union-street, is the same as in Lincoln's-Inn Fields and Pall-mall East—VIRTUS *post* NUMMOS!

Without descending, in the present paper, to a minute detail of the evils and absurdities which abound in the three heads of departments, and which have thence spread through every ramification of the profession, we may fearlessly assert that this outline (which we maintain to be correct) will convince every unprejudiced man, that nothing but a complete reconstruction of the whole system of medical polity, in this country, can offer any hope of success. It is quite needless to expect that the corporate bodies will rectify these laws, unless human nature can be changed, and the love of their neighbours made to predominate over the love of themselves. What are the remedies then for this tremendous mass of evils? Certainly they are not to be sought in scurrilous personal abuse lavished on individual members of these corporations—nor on insulated petitions from single departments of the profession to the legislature. All classes of medical society suffer from these evils—then why should not all unite to obtain redress? The great object would be, to calmly but forcibly

point out the distracted state of the profession, and the discordancy as well as the absurdity of existing regulations—and pray for a parliamentary enquiry, without proposing any schemes of reform at all. It should be left to the wisdom of a parliamentary committee to call before them men from all ranks of the profession, and thereby get at the sentiments of medical men in the aggregate. Such a petition should breathe no sentiments that might militate against the success of the great cause. It should call for no thunderbolts to be hurled down on this or that edifice—no eradication of this or that charter. It should propose no visionary schemes—but merely point out the evils, and leave it to our legislators to find the remedy. We conceive that the various ills by which we are now oppressed, might be removed without annihilating a single chartered body, or disturbing a single grade or distinction which now exists in the profession. If one salutary code of laws were established by the legislature, the existing corporate bodies might, with certain precautions, be entrusted with the administration of them. The evil is, that there is no general system of medical education, and each corporate body issues, from time to time, its little narrow-minded regulations, producing incessant turmoil and confusion in practice as well as study. If a minimum of medical study were established, below which it would be illegal to practise—it might fairly be left to each individual's choice to go as far beyond that boundary, upwards, as he pleased. Thus, for example, suppose three, or any other number of years' regular study, and then a public examination, were enjoined—the curriculum being fixed by Government, and not left to the caprice of any corporate body?—then it should be lawful for the student to present himself at any one, two, or three of the colleges, for examination, and load himself with as many honours and diplomas as his intellects, his acquirements, and his ambition aspired to. The public examination over, he should be left to practise any department of the profession he pleased, without let or hindrance. But, as medical science is indivisible in its principles and elements—the same course of study should be prescribed for all—and also the same kind of public examination. Let the *minimum* of education embrace a fair range of the science—and let the maximum be without bounds, for all those whose zeal, talents, or means, enabled them to soar beyond the ordinary limits. But we repeat it, that all these regulations should emanate from the legislature, and not a single suggestion should appear on the face of the petition. The catalogue of evils is quite long enough for any prayer to parliament—let redress flow from the proper source.

It only remains to advert to the steps which are necessary to be taken. Hercules will not help the waggon out of the slough, unless we put our shoulders to the wheels. If all sit quiescent, and each leaves it to his neighbour to move first, all hopes of reformation are gone. The impulse should be simultaneous through the three classes of the profession. All distinctions should be thrown aside—and all should unite in framing a petition to the legislature. A precipitate and intemperate appeal from any one branch, will endanger the whole cause. A public meeting should be called in the course of the Summer, and as many of our country brethren as possible should attend. The resolutions might then be entered into, and a committee, composed of physicians, surgeons, and general practitioners, should be appointed, to draw up a temperate but energetic delineation of the state of the profession, for circulation among the members of parliament, with the view of paving the way for a formal petition to the legislature itself. This, in our opinion, is the only plan that offers any prospect of final success. If they make no effort, they deserve to remain for ever in a state of thraldrom and degradation.

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### Art. XII.

*The Morbid Anatomy of the Brain.* By Alexander Monro, M.D. &c. &c. Vol. 1. *Hydrocephalus.* 8vo, pp. 200, with five coloured plates. Edinburgh and London, 1827.

Whether we reflect on the mortality occasioned by hydrocephalus, or on the learning and opportunities for observation of the author, we cannot but conclude, that the volume under review will attract considerable attention. Dr. Coindet has stated that twenty thousand deaths annually result from hydrocephalus in France—while Dr. Alison informs us that 40 out of 120 patients die of this disease in the New Town Dispensary. According to the late Dr. Davis, of London, 8 out of 45 deaths, in the Universal Dispensary, were produced by hydrocephalus.

In respect to the author, it appears that it is now more than twenty-five years since he began to direct his attention to organic disorders of the brain—but, after long observation and patient investigation, he had nearly given up the undertaking, from the difficulties of the subject, when the death of a relation, by a species of hydrocephalus, to him quite novel, gave a new impulse to his researches, and enabled him to accumulate the mass of facts herewith presented to the public. We shall do most justice to the author, and confer most benefit on our readers, by confining ourselves, in this article, almost entirely to the task of analysis, since the facts are already in a very concentrated state, as well as in very great number.

The work is divided into two chapters—one containing the morbid anatomy—the other the symptomatology, &c. of hydrocephalus. We shall prefer reversing the order which Dr. Monro has chosen, and take his second chapter first. This second chapter, indeed, of itself, offers ample scope for an analytical article. We shall follow the sections seriatim.

Sect. I. *Hydrocephalus, in which the Skull retains its usual Size and Form.*

Of this, there are two very different species—the one decided in its character at the outset—extremely rapid in its progress, proving fatal in three, four, or

five days—very rare in its occurrence, and, according to our author, undescribed by any other writer. The other species is obscure in its origin—slower in its progress (being of three or four week's duration)—very frequent in its occurrence—and described by many writers.

MOST ACUTE SPECIES.

"This rare form of the disease is very sudden in its attack. There is no previous headach, drowsiness, stupor, nausea, vomiting, paralytic state of any part of the body, or any one symptom denoting a derangement in the functions of the nervous system.

"It begins like the croup. The child awakes in the night in a state of extreme agitation, and much flushed, and with a quick pulse; he is hoarse, and the sound of the voice when he inspires is similar to that in croup,—the sound seems to come from a brazen tube, which is contracted at a certain part.

"Children who are stout and healthy, are equally liable to this disorder as the feeble and emaciated. And I have seen a patient, on the very day he was attacked by this disorder, who seemed very cheerful, and took his meals well, and was to all appearance in the most perfect health.

"The giving an emetic relieves the breathing, and, upon examining what has been rejected by vomiting, it is found to be evidently undigested."*

Some cases are given by Dr. M. in illustration of this very fatal disease.

*Case.* At half-past ten o'clock, P. M. (Sunday) a stout boy, 20 months old, awoke suddenly from his sleep, (which had been apparently tranquil) as in a fright, and coughed violently, with a croupy sound, his breathing being difficult and quick. He seemed feverish—was thirsty—unwilling to lie down—pulse 150 in the minute, and rather hard. He had been in apparently perfect health during the preceding day, which was intensely cold. He had had two natural motions, and ate his food heartily. Under the impression that the disease was common inflammatory croup, an antimonial emetic was administered, which operated mildly, and brought up some ropy mucus, bile, and *undigested* turnip and carrot, eaten the preceding day. Mr. Bryce and Dr. M. saw him a quarter before 12, when an ipecacuan emetic was exhibited, and afterwards the semi-cupium. When the vomiting subsided, three grains of calomel were given, and the child fell into a sleep at 4 the next morning, when a large blister was applied to the larynx, but slipped down on the sternum. At 8 A.M. (Monday) a dose of castor-oil was given to work off the calomel. Three offensive stools, one of

* "When this sheet was about to be sent to press, I learned from Professor BURNS that he had described, in his Principles of Midwifery, this very acute form of hydrocephalus, which he attributes to an affection of the origin of the eighth pair of nerves, induced by the state of the extremity of the fifth in dentition acting on its origin, which is near the eighth. The recurrent seems more immediately in fault, producing a temporary paralysis of the muscles of the glottis rather than a spasm. It by no means ends necessarily in hydrocephalus, but it sometimes does, as, after the child has been apparently well for weeks or months, he is carried off by hydrocephalus, which change is first indicated by general convulsions. Few children recover when the original attack is accompanied with convulsions, yet the case is not altogether hopeless."

them green, were discharged. At 9 o'clock that morning, Dr. M. and Mr. Bryce found the child more lively, his breathing less frequent, and his voice stronger. He now sang and laughed, but his voice was still husky. At 4 o'clock that day, feverish symptoms came on, and his breathing was more affected. Tepid lavations and a dose of calomel were prescribed, and he passed a tolerable night. *Tuesday morning* found the little patient in nearly the same state; but in the evening, there was another exacerbation of fever, cough, and difficulty of expectoration. At 10 P.M. the pulse was 200, and very hard and sharp. He breathed rather like an asthmatic than a croupy patient—countenance much flushed, and indicative of great distress. Mr. Bryce examined the child's mouth, and found the gums much swelled and inflamed, and the dentes caninæ, on each side, about to cut the gum. The gums were incised freely, and there was much discharge of blood. The child now started much more frequently than before. Five leeches were applied to one of the legs, and much blood was evacuated by means of immersion in warm water. Three grains of calomel were given, and procured a large healthy evacuation. We need not pursue the details any farther. The child died the next day (Wednesday) at 5 P.M. The dissection is very interesting, and we shall give it in the words of the author.

"*Dissection* 12 *hours after death.* The cavity of the abdomen being first examined, the intestines were found in their usual situation, of a white colour, and moderately distended with air. The stomach, which was much contracted, lay in the left hypochondriac region, exhibited a blanched appearance; and, when slit open at the lesser curvature, it was found empty, and its mucous membrane was uniformly healthy, and the rugæ were very distinct. The mesenteric glands were of their natural colour, size, and consistence, and all the abdominal bowels. The large bloodvessels also were almost empty.

"All the bowels of the thorax were sound.

"The veins on the fore-part of the neck were quite empty; the trachea externally was of a silvery whiteness. An incision was made from the upper part of the thyroid cartilage into the division of the wind-pipe; the mucous membrane lining the larynx was of a white colour, and in every respect healthy. There was no appearance of the croupy membrane, no thickening, no ulceration, nor any mark of preceding inflammation. The trachea and branches of the windpipe, as far as they could be traced, were also healthy and free of mucus. The fauces and pharynx were also sound.

"The *brain was large, firm, and healthy;* and the veins entering the sinuses were distended with dark blood. *The upper surface of the brain, particularly the superior part of the posterior lobes, was covered with a transparent gelatinous effusion. On opening the ventricles, about an ounce of colourless serum was discovered, which had raised the fornix considerably.* The medulla oblongata and tuber annulare were found floating on a great quantity of clear serum. The veins covering the tuber annulare and medulla oblongata were distended with blood, so that they exhibited a deep scarlet colour. All the nerves at their origin were sound, *except the fifth and eighth pairs, which were also of a deep scarlet colour, and covered with turgid vessels.*

"*On removing the brain, by cutting through the medulla oblongata, a considerable quantity of serum rushed from the upper part of the spinal canal.*

"The vessels of the spinal marrow were turgid, those at the cervical portion of a vermilion-red colour, and those of the lumbar portion of a dark red hue. *The eighth pair of nerves was of a deep uniform red colour along its whole tract, as far as its branches going to the lungs.*"

The author proceeds to the particulars of some other cases of this formidable

disease, which is not confined to the infantile state. Thus, a woman, aged 65 years, was subject to spasms in her stomach, and obstinate constipation. She died very suddenly. On dissection, no morbid appearances could be found in the stomach or intestines. "There was considerable effusion of a watery liquor, and also distention of the vessels of the pia mater over the eighth pair of nerves within the membranes, and at the base of the brain." The following case occurred in the practice of Drs. Monro and Saunders.

"J. B., æt. eight months, a plump stout child, became remarkably fretful, and would take no kind of food. Next day he was seized with slight cough and hoarseness, which gradually increased, and also with difficulty in swallowing; so that a part of his food, upon his endeavouring to swallow, was rejected through his nose. Pulse quick.

"On the following day, the symptoms had materially abated, especially the cough, and he expectorated a good deal of viscid phlegm.

"During the night, and still more during next day, he became much more uneasy; his breathing became more oppressed; and the voice was so hoarse and shrill, that several old women who saw him, said *he had the croup*. There was great heaving and agitation of the chest.

"On the subsequent day, the breathing was very laborious, and much hurried; pulse very rapid, and between 120 and 130 in the minute; and next day he died.

"*Appearances on Dissection.*—Skull very vascular. There was a slight effusion of serous fluid between the arachnoid coat and pia mater; and about ʒi. of a similar fluid was contained within the ventricles of the brain. *The vessels of the pia mater at the corpora quadrigemina and tractus optici, and at the origin of the eighth pair of nerves, were much distended with blood.*

"Lungs quite sound.

"No morbid appearance was discovered in the larynx and trachea. A small quantity of mucus, which had more of a greenish hue than in the sound state, ran out on opening the windpipe, and there was some frothy mucus within the smaller branches of that tube.

"The only morbid appearance in the abdomen was a very considerable enlargement of the mesenteric glands.

"The symptoms in the preceding cases corresponded in my opinion with the phenomena which occur upon irritating the eighth pair of nerves of the inferior animals.

"The croaking sound of the voice, and the difficulty in breathing, were probably to be imputed to the effects of the irritation, to which the laryngeal nerves had been exposed, for the stretching or dividing these nerves in a living animal produces the same effects.

"The functions of the lungs and stomach are suspended; from the irritation applied to the eighth pair of nerves, which also happens when these nerves have been divided. If the eighth pair of nerves of an animal be divided, and if that animal be allowed to take food soon after the division of the nerves has been made, vomiting in a short time ensues. Precisely the same took place in the child above described,—and the food is found to be unchanged,—which also happens in this form of hydrocephalus. In the case above mentioned, the vegetable substances which the child had taken in broth, *were indigested, though they had been within the stomach for twenty hours.*

"In the child's case detailed in page 70, &c. the difficulty in breathing gradually increased, and the face became purple towards the conclusion of the disorder; and, upon examination after death, the air-tubes and cells of the lungs were found filled with a frothy fluid; and hence the lungs did not collapse. All which circumstances take place when the eighth pair of nerves of an animal have been divided.

"In the cases above detailed, the difficulty in breathing was much increased by the effort of vomiting; and the same happens when the eighth pair of nerves of an animal have been divided."

Another case is quoted from the work of Mr. Swan on the nervous system, which bears considerable analogy to the above.

### *Diagnosis of this Hyper-acute Form.*

It is of some importance to be able to distinguish this dangerous modification of hydrocephalus from the more common forms of croup. It is not, according to our author, dependent on the state of the weather, the locality of residence, or on any of the predisposing causes of croup; "but is rather connected with the period of teething, and nervous irritation." The following are the more remarkable distinctions between this disease and the common croup.

"The patient, at the outset of the disease, seems in a state of nervous irritation, often starts in his sleep, and in a short time the disease assumes the appearance rather of a spasmodic affection of the larynx, than of the inflammatory croup; but there is not so much wheezing, and the disorder is not mitigated by the expectoration of ropy mucus, or by vomiting; and what is discharged by vomiting may be observed to be indigested.

"The purple colour of the face is a striking feature of the earlier part of the croup, but it is not obvious in this disease until twelve or fourteen hours before death, and is probably owing, as in moribund animals, to a weakness of the muscles of inspiration.

"The longer the duration of this disease, the less shrill and hoarse the voice becomes; whereas in the common croup the contrary takes place.

"Coagulable lymph sometimes forms a distinct tube within the larynx and windpipe in the advanced stage of common croup, and may be perceived moving within it, which never happens in this disorder.

"This disorder may be readily distinguished from inflammation of the lungs;—there is no cough, or pain in any part of the side or breast, which is increased by inspiration;—in proof of which, the first mentioned patient repeatedly sang during the progress of the disorder, and as loudly as when he was in the most perfect health. This form of hydrocephalus may be distinguished from the more common form of the disease; as the sight is not impaired, and there was no dilatation of the pupils, and little or no delirium.

"Lastly, When the voice becomes weak or shrill, from any cause compressing the windpipe,—as by matter collected behind it,—by diseases of the bronchial or thyroid glands,—by aneurism of the aorta, or carotid artery,—or by any other cause compressing and straitening the windpipe, the alteration from the natural sound of the voice is permanent; whereas, from this disorder, it is but temporary."

The method of treatment may be soon dispatched. The rapidity of the disease, and the seat of the effused fluid, leave little to be done by art. The exhibition of a large dose of calomel, and the application of numerous leeches to the head, with a blister to the nape of the neck, at the very commencement of the attack, seem to Dr. Monro the most proper remedies.

We now proceed to the more common form of the disease.

### Acute Hydrocephalus.

It must be confessed that there is not one pathognomonic symptom of a

collection of water within the brain. The characters of the disease are deduced rather from a chain or combination of symptoms—and hence the nature of the disease remains often undetected until it is beyond the reach of art, unless the most scrupulous attention be paid to the most minute phenomena. The following graphic description of the early symptoms which characterise hydrocephalus, is deserving of record in this place. We could not abbreviate without injuring them.

"The earlier symptoms are those of irritation, the latter those of oppression.

"The early symptoms are generally so mild as to attract but little attention, and often escape the notice even of the parents of the patient. The disease is most frequent in persons of a scrofulous constitution, where there is little energy of the system, and little activity in the vascular system; or, it is either the consequence of some organic disorder of the brain, or its investing membranes,—or of such disorders as impede the free return of blood from the head, or the free circulation through the bowels of the chest.

"The early symptoms of the more mild form of the disease, are, a sense of general uneasiness over the body, accompanied by languor, paleness, and collapse of the features; the eyes look languid, have not their usual brilliancy, and frequently are turned upwards; the child is peevish, which is strongly expressed in his countenance; the countenance has no longer the bloom of health; his head feels heavy, and the child, unwilling to run about, seems easily fatigued, and always desirous of lying down on the top of the bed. His appetite is bad, and capricious—and seems unwilling to take the trouble of eating, and there is often bilious vomiting.

"If the child be old enough to express his feelings, he complains rather of a dull noise in his head than of acute pain, and this is increased somewhat on pressure. He is very restless in bed, and seems much disturbed in his sleep.

"In a short time the symptoms become more urgent, the skin becomes very dry, and the lips are cracked. There is a permanent lassitude; the bowels become torpid; the child complains of constant pain over the eyebrows, which are swollen, and of giddiness; nausea and sickness succeed. There is a total loss of appetite. The senses of vision and hearing are morbidly acute; the light is intolerable,—the patient turns away from it,—keeps his eyelids half-closed,—is awakened from his slumber by the slightest noise, and often starts from sleep screaming. He will not allow his pulse to be felt.

"Many children suffer very little, if at all, from headach, at the commencement of the disease; and in those who have, we observe that there are remissions.

"The headach is relieved in the earlier stage of the disease by purgatives.

"The cheeks are much flushed, especially in the evening, and one cheek is frequently more flushed than the other; his nose is very itchy, and his tongue hot and dry. The patient awakes generally in a fright, and screaming; seeming to suffer excruciating headach, to relieve which, he clasps his hands on his head; even when not disturbed, he sleeps only for two or three hours at a time; he suffers from sickness, expresses disgust for every kind of food, and vomits especially when moved; and, as Doctors FOTHERGILL and QUIN have well observed, 'the sickness and headach sometimes alternate with each other.'

"These symptoms are accompanied by heat of the skin, and quick pulse, amounting to 100 or 110 in the minute, and but rarely by thirst.

"One of the most striking features of this disease, is a torpid state of the system; —salivation is not readily excited; nor does a blister rise well; and very considerable doses of antimonial powder do not occasion even a slight degree of moisture on the skin.

"The patient is costive generally, and is not easily moved by a purgative medicine.

"The fæces have an oily appearance, sometimes a very fetid smell, are generally of a green or brown colour, somewhat like chopped spinage—which is not owing to

calomel, as it is observed when no calomel has been given, and are in consistence somewhat like glue. Towards the conclusion of the disease, diarrhœa sometimes comes on to such a degree, that opium is required to check it.

"The urine is sometimes retained for a longer time than during health, and there are also instances in which the little patient had a desire every hour to pass water;—and I attended a child afflicted by this disorder, who passed for some days very little urine; but within four or five days of his death, he passed fully as much urine as when in perfect health. Often the power of expelling the urine is completely lost, so that the regular use of the catheter is required.

"The position and gestures of the child in bed, and the effects of motion, merit attention, being very characteristic of the disease.

"A child with this disease cannot bear the erect position, or to be moved evidently from the headach he suffers; he is tolerably easy only when in bed, and excluded from light. In the earlier part of the disease, he cannot sleep with the head low; he lies in bed with outstretched arms, which have a tremulous motion—are often directed towards the head, or firmly clasped upon it; he is constantly turning and tossing from one side of the bed to the other, as if he could not find an easy posture, and generally kicks the bed-clothes with one or both feet, and very frequently groans much, as if under the influence of pain.

"The gait of the patient is peculiar; he totters, and cannot walk with his usual firmness, one side of the body being weaker than the other; he lifts his legs very high, and takes long steps of unequal length, like a paralytic person. This is a bad symptom, and generally connected with disease at the base of the brain.

"In the progress of the disease, the sleep is still more disturbed, and the breathing becomes more irregular and difficult. The breath, according to Dr. Whytt, has a sickish and most offensive smell, which he never had observed in any other disorder.

"There are also generally symptoms of a derangement in the functions of the alimentary canal. Dr. Carmichael Smyth has remarked, 'Their abdomen is commonly flat, and compressed in a manner I have seldom observed, except in persons affected with the painter's colic.'

"The tongue is foul; sometimes it has a shining red appearance, or it is covered with aphthæ.

"There is much variety as to the severity of the symptoms, which merits much attention, as demonstrative of the cause of the disease, its seat, and as regulating the prognostic, and mode of treatment.

"Dr. Abercrombie has observed, when 'the effusion was combined with that peculiar destruction of the central parts of the brain, which I have given my reasons for considering as the effect of inflammation of these parts, there has been severe and deep-seated pain.'

"The combination of the above symptoms, the morbid sensibility as to light and hearing—great irritability of temper—the head hotter than the rest of the body, and often covered by a clammy perspiration, sufficiently mark this disorder in its early stage.

"After the disease has been of a few days duration, the pulse, which had been quick and irregular, sometimes becomes slower than in health, and also irregular; which, according to Dr. Whytt, marks the second stage of the disease."

The second stage need not occupy us long. In this stage, the pulse is slower than in the first, or even than in health, besides being unequal and irregular. The skin continues hot, or even hotter than before, while most of the symptoms above enumerated increase in severity. There is a want of correspondence in the movements of the eyes in this stage, and some degree of strabismus may be observed, while the patient's sufferings are evidently rendered more acute. He groans more frequently—gnashes his teeth—loathes every kind of food—sometimes has violent vomiting, while the head-ache is so acute as to occasion loud

screaming. About this period, some patients experience a temporary remission of the more marked symptoms, from which the friends—and occasionally the medical attendants, draw false conclusions.

*Third Stage.*

This may be termed the stage of collapse. Irritability changes into stupor and drowsiness, and the body often becomes more cold than natural. The pulse is now very rapid—sometimes amounting to 200 in the minute.

The duration of this stage is very various—from ten or twelve hours to several days. The child is unable to turn the head or move the body—he sinks down in bed—is very drowsy, and often insensible to all irritations. One side of the body is frequently paralytic, which is a bad symptom. The eye-lids often droop, to a certain extent, over the pupil, and, on raising them, the cornea appears muddy, and the pupil is much enlarged. The sight is indistinct or double—indeed all the senses, except that of hearing, appear blunted. Emaciation proceeds rapidly. Sighing is very common. The discharge from blisters applied to the head is remarkably fetid. The pupil is sometimes dilated and insensible to light—sometimes contracted—which is equally a proof of extreme blindness and insensibility of the retina. Delirium is a frequent symptom, at this early period of the disease; and comes on much more suddenly than in fever. Towards the conclusion, the muscles of the face and extremities are often convulsed, while the thumb and fingers are strongly bent inwards, the pulse being imperceptible at the wrist. We need not pursue the details of this last scene. They are too familiar to the practitioner.

The *peculiarities* in this complaint are very deserving of attention, as tending to puzzle the medical attendant. We shall extract a few of these from the text of our author.

"1st. I have seen several instances in which a considerable quantity of water had been collected within the ventricles of the brain, and in which these ventricles had been considerably enlarged, notwithstanding which, there were no peculiar symptoms which indicated its presence."

"2dly. The disease sometimes begins by repeated convulsive fits, or by a spasmodic contraction of the extensor muscles of the head; by which it is forcibly drawn backwards, and kept so until a day or two before death. This symptom was so strongly marked in two cases, that the mothers of the patients recognised the disease in another child, from the peculiar manner in which the head was drawn backwards; so that the disease somewhat resembles tetanus, but the head was not so rigidly drawn back as in that disease, for it might be bended forwards; but as soon as the hand was taken away, the patient drew it back again.

"These convulsive fits were the first symptoms of derangement in the functions of the system which attracted the attention of the parents, and which led them to seek for medical aid.

"Squinting is sometimes observed about the beginning of the disorder; and the pupil is much dilated, and has somewhat of a reddish colour.

"In some cases there is no affection of the pupil during the whole course of the disease.

"The disease sometimes commences by sleepiness.

"Excessive costiveness is on some occasions the primary symptom of this disease."

Sometimes persons affected with hydrocephalus are seized with hemiplegia, and die in the course of a day or two—and, on dissection, three or four ounces of water will be found in the ventricles of the brain. The disease sometimes begins like acute rheumatism, and the symptoms of cerebral affection do not shew themselves till three or four days before death. In some instances, there are no symptoms of irritation, but merely those of compression, as insensibility, coldness of the head and extremities, slowness and irregularity of the pulse and breathing. A day or two before death, Dr. M. has seen little patients recover their senses, take food, and shew symptoms of recovery; but suddenly the phenomena of effusion come on, followed by convulsions and death. Squinting is by no means a constant symptom. There are instances in which the disease has terminated favourably after convulsions, blindness, and delirium, had taken place, and, after the patient had been supposed to be dying. Some patients continue sensible during the whole progress of the disorder, except for a few hours before death.

## Cause of the Effusion.

This, like most other topics of causation, has occasioned great discussion and discrepancy of opinion. According to Quin, there is but one cause—"a morbid accumulation of blood in the vessels of the brain—sometimes proceeding to a degree of inflammation—and generally, but not always, producing an extravasation of a watery fluid." Drs. Rush, Yeats, and Golis, (of Vienna) also consider the disease as the result of inflammation and turgescence. Before subscribing to this hypothesis, which must operate so powerfully on practice, Dr. Monro thinks it necessary to inquire, "whether this disease usually occurs, in persons who are disposed to inflammatory disorders, at or near the meridian of life, when the human body is most liable to suffer from inflammatory diseases." Although several points in the following train of reasoning are defective, if not erroneous, yet Dr. Monro has adduced sufficient evidence to prove the fallacy of that modern doctrine, (to which we lately alluded, when reporting Mr. Lawrence's sentiments in the Medico-Chirurgical Society) which represents all serous effusions into any of the cavities of the body, as invariably the products of inflammation.

"With regard to the first of these points, it may be observed, that hydrocephalus is so rare after puberty, when the constitution is most liable to inflammatory disorders, that Dr. Cullen,* and other writers of eminence, have described it as being peculiar only to infancy. That the disease is rather to be imputed to debility follows from the well-known fact, that hydrocephalus is frequently a disease which may be traced to bad nursing, improper food, dentition, the sequel of the most tedious and debilitating disorders, as hooping-cough and scarlatina. Besides, hydrocephalus is

* "See his Definition of the Disease."

often a disease of the fœtus in utero, which nips the bud before or soon after it is blown; for the child dies soon after birth, after having made a few laborious and convulsive respirations.

"If Dr. QUIN's theory had been well founded, hydrocephalus, like an inflammation of the lungs, and other inflammatory complaints, should have been most prevalent amongst robust men during the prime of life, when the human frame is most prone to other inflammations; whereas, it is a disease of infancy, of debility, and very often connected with a scrofulous habit of body. If it be supposed that hydrocephalus is always connected with inflammation of the brain, and that inflammation gives rise to the softening of that organ (which is the favourite opinion of LALLEMAND, ROSTAN, and others), in that case, the brain should be found invariably in a softened state, which is not consonant to my observations.*

"Dr. MILLS of Dublin has published twelve cases of hydrocephalus, several of which appear to have been connected with inflammation of the brain, but no mention is made of softening of the brain; on the other hand, in one of these, the brain is said to have *been harder* than natural.

"Dr. HOOPER, at page 23, in his explanation of his Plate, representing inflammation of the brain, has observed, 'a pulpy state of the part *is now and then met with.*'

"Dr. WATSON also has described a case in which the septum lucidum was of an unusual thickness and firmness.

"If hydrocephalus had originated from inflammation, it should have been more frequently the *immediate* consequence of external violence. Whereas Dr. CHEYNE observes: 'With extensive opportunities of seeing hydrencephalus, I have *not met one instance* of its having been directly, and I believe only one where *it was indirectly, occasioned by external violence;*' and when (as sometimes happens) it originates from such a cause, the effect does not follow until months or years have elapsed, and when a debilitated action of the blood-vessels has been induced by the violence, just as palsy is sometimes a consequence of external injury, which palsy is followed by dropsy.

"If inflammation of the brain had given rise to this species of hydrocephalus, the attack of the disease should be sudden and well marked, and its course rapid, like to that of phrenitis; whereas the origin of the disease is generally not well marked; indeed, so much so, as often to escape the notice of the parent, and even that of the experienced physician.

"It may here also be observed, that I have made experiments upon several rabbits and pigs, with the view of determining this question, but though I excited inflammation of the brain by trepanning the skull, and cutting off a portion of the dura mater, the effusion of a watery fluid within the head did not follow.

"It is admitted even by those who impute hydrocephalus to an inflammation of the brain, that the symptoms of phrenitis are well marked, whereas those of hydrencephalus are often very obscure; indeed, in some cases, there *is no one symptom indicating the effusion within the head.* I have met with four cases in which a watery fluid was collected within the ventricles of the brain, and in all of these there were none of the symptoms during life which led to the most distant suspicion of water being lodged within the ventricles of the brain.

"If this species of hydrocephalus be owing to an inflammatory state of the brain, there ought to be no distinction as to the symptoms, origin, progress, and consequences of phrenitis and hydrocephalus.

"Inflammation of the brain is thus defined by Dr. CULLEN: '*Pyrexia vehemens; dolor capitis; rubor faciei et oculorum; lucis et soni intolerantia; pervigilium; delirium ferox, vel typhomania.*'

"The symptoms of this species of hydrocephalus do not correspond with the above definition.

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* "Vide Case described at p. 42, in which there were marks of preceding inflammation."

"One of the most striking features of inflammation of the brain, is the state of the pulse; but that character is also awanting, for the state of the pulse is widely different from that of a person afflicted by apoplexy or inflammation of the brain. It is not full, as in the former, or hard, as in the latter. It is no doubt quick, as in other diseases which are the effect of debility; in the same manner as the pulse rises after a great deal of blood has been drawn.

"Beside, no one author who has described the symptoms of phrenitis, has stated *that the pulse becomes slower some time after the commencement of the disorder*; and, on the other hand, bleeding from the eyes, mouth, bladder, and intestines, which are so frequent during phrenitis, have seldom or never been observed to occur during the progress of hydrocephalus. If hydrocephalus depended upon a slight degree of inflammation, the disease would be more frequently cured.

"There is a great difference between the watery fluid which is effused in this species of hydrocephalus, and that in the former most acute species which is connected with inflammation. The latter is turbid, and masses of coagulable lymph shoot through it, and it resembles water accumulated within the abdomen in cases of dropsy of the belly, originating from peritoneal inflammation. Whereas the former is as clear as spring water; and as Bellini, Boerhaave, Du Haen, Malpighi, Drs. Watson, Carmichael Smyth, and Coindet remark, the effused fluid does not coagulate by the application of heat or the mineral acids."

The analysis of the hydrocephalic fluid by Dr. Trail, is in support of our author's opinion. At the first tapping, no coagulable lymph was found, as the fluid had not been derived from an inflamed surface; but, after tapping the brain, which operation had probably induced some degree of inflammation, the nature of the effused fluid was materially altered—it contained a certain proportion of coagulable matter.

Dr. M. observes that, an inflammation of the brain is frequently the immediate sequel of insolation, or of external violence. But water in the head is not occasioned by similar causes, nor is the disease more frequent in warm than in cold climates, like phrenitis—nor is it the immediate effect of external violence—nor of trepanning the skull, and afterwards injuring the brain of the animal, a fact which he ascertained by repeated experiments on animals.

"Injuries of the head, no doubt, sometimes give rise to hydrocephalus, but the effect does not immediately follow the cause; *the fluid is not effused until after the lapse of several months or years*, when the vessels have become debilitated, in consequence of the previous over-excitement. (To employ Dr. Cheyne's own words), 'By calling into play, what, from a good and fortunate management, had hitherto become latent; I mean, *a scrofulous condition of the system, which I have regularly observed to follow a severe accident, and which wonderfully favours the establishment of hydrencephalus.*'

"Some advocates for the opinion that hydrocephalus originates from inflammation of the brain, have imputed the disorder *to a fault in the digestive* organs.

"But a fault of the digestive organs, so far from adding to the vigour of the constitution, produces a very contrary effect, and, by diminishing the vis vitæ, tends to avert or to remove a disposition to inflammation.

"The morbid appearances most frequently discovered on dissection, are generally hostile to the hypothesis, that hydrocephalus acutus is connected with inflammation.

"The pia mater very seldom exhibits, in cases of hydrocephalus, those appearances which, according to the late Mr. J. Hunter (a very competent judge,) are the genuine marks of inflammation.

"That distinguished surgeon has observed (p. 281), 'When inflammation takes

place in parts that have a degree of transparency, that transparency is lessened. This is probably best seen in membranes, such as those membranes that line cavities, or cover bodies in those cavities, such as the pia mater, where, in a natural state, we may observe the bloodvessels to be very distinct. But, when we see the bloodvessels *fuller than common, yet distinct in such membranes, we are not to call that inflammation.*'

" There is no part of the body in which it is so difficult to make the distinction between the presence or absence of inflammation, as in the pia mater.

" The pia mater did not bear, even according to Dr. QUIN, all the characters of genuine inflammation,—it was not thickened,—it did not adhere ultimately to the substance of the brain, as in cases of inflammation of that organ. According to that distinguished pathologist, Dr. BAILLIE, ' when the pia mater is inflamed to a high degree, pus is formed.'

" Dr. QUIN does not state that he discovered pus upon examining the state of the brain of persons cut off by hydrocephalus.

" Besides the thickening of serous membranes, as the dura mater and arachnoid coat, a preternatural adhesion of these generally follows the inflammation of these membranes. The result of my post-mortem examinations is, that, in a very few cases only, there were appearances of preceding active inflammation.

" It may be argued by the advocates for an inflammation of the brain being the invariable cause of hydrocephalus, that the slightest degree of inflammation of that organ, or of its investing membranes, may not be appreciable by our imperfect senses; in the same manner as we cannot suppose (as has lately been stated), that there is no difference in the purity of the air in the centre of London, and that at the top of the Malvern hills of Worcestershire.

" There is no one point more difficult to determine, whether a morbid accumulation of blood really exists; and *granting that it does exist, whether it be connected with inflammation or not?*

" Until the precise caliber of the bloodvessels shall be ascertained, it is quite impossible to say when blood can be said to be accumulated in these vessels. Blood, when accumulated in the bloodvessels, must occasion an enlargement of these, which does not suddenly happen.

" Inflammation is not the necessary concomitant or sequel of an accumulation of blood in the bloodvessels, the eye, for instance, often acquires a red colour, though the pulse be not accelerated, and though there be no degree of pain in the eye or forehead, and no degree of impatience of light, or any other symptom of active inflammation.

" The vessels of that part of the brain which was lowest, were, in *many instances, fuller of blood than those of the uppermost part of that organ, which evidently is connected with the position of the head rather than with inflammation.*

" As the different advocates for the opinion, that hydrocephalus is connected with inflammation, have published very different statements as to the kind and degree of the inflammation, it does not seem to me to be against the rules of evidence, to suppose, as it is so difficult to distinguish the genuine characters of inflammation, that, in some of the instances, *no degree of inflammation had existed.*"

There are other arguments, Dr. M. thinks, which might be urged against the phlogistic doctrine. The same treatment has not been pursued in hydrocephalus as in other inflammations. If it originated in this last, it should be generally removed by the lancet. But local depletion is found more beneficial, and Dr. Quin himself acknowledges " that such patients do not bear large bleedings well." After leeching, Dr. Quin recommended mercury, as an efficacious remedy. Dr. Monro considers mercury as a stimulant and not a sedative—hence it ought to be injurious in purely inflammatory affections. This argument of Dr. Monro is one of the weakest which he has brought forward.

Whether mercury is a stimulant or sedative may be a matter of opinion, or, indeed, of doubt—but that it is injurious in inflammations is negatived by facts and daily observation. The following passage does not quadrate with the modern doctrine which ascribes all dropsical effusions to preceding inflammation.

" Of the identity between hydrocephalus and dropsy there is at least presumptive, if not positive, evidence.

" There is an analogy between the cause of hydrocephalus and dropsical disorders. Hydrocephalus, like dropsy, more frequently originates from debility than from inflammation, and is a frequent disease of infancy,—a period of life when the human frame readily bends under the pressure of every cause, which enfeebles the power of the constitution, as of long continued fever, scarlatina, phthisis pulmonalis, marasmus, measles, whooping cough, and diseases of the liver, spleen, and mesenteric glands.

" Dr. Hamilton senior has justly observed, 'that hydrocephalus often steals slowly on the devoted victim, with symptoms resembling incipient marasmus.'

" Till some better theory is established, it is not unreasonable to suppose, that *the marasmus of which I have treated, may, on some occasions, give rise to hydrocephalus, by impairing the vigour of the constitution, and favouring serous effusion in the ventricles of the brain.*

" It may be added, that Morgagni has mentioned the case of an elderly woman, which strongly illustrates the great influence of debility in producing hydrocephalus; it is said, 'she sank progressively to her grave, as under the pressure of age.'

" The detraction of blood has sometimes occasioned dropsy of the abdomen or chest. The same observation may be extended to hydrocephalus."

The experiments of Dr. Seeds and Dr. Sanders have shewn that the excessive detraction of blood gives rise to effusion of serum within the head.

An impediment to the free return of blood from the venous system is, according to our author, the most frequent cause of hydrocephalus, as, also, of other dropsies. Hence, hydrocephalus is frequently connected with tumours of the brain—with an enlargement of the pituitary gland—tumours in the neck—hypertrophy of the heart—disease of the lungs—" or with any cause which impedes the free return of venous blood, as tumours pressing upon the superior longitudinal sinus, torcular Herophuli, or the jugular veins."

" Hence we meet with the effusion of water within the ventricles of the brain of criminals who, when in perfect health, have been killed by suspension. It is remarkable how soon the effect follows the operation of this cause. I found about half an ounce of water at the basis and within the lateral ventricles of the brain of a criminal, whose body I examined immediately after execution; and in other criminals, after the lapse of a few hours.

" Dr. Kellie of Leith, in his very ingenious paper upon death from cold, has observed, 'The effusion which was discovered within the heads of our subjects, can hardly be regarded as a post-mortem production; nor can it be presumed that it existed previous to their exposure on that night which terminated their existence. The perfect parallelism of the two cases,—their agreement with another case by Quelmalz,—their simultaneous exposure and death on the same night that another individual died under similar circumstances, render such a supposition highly improbable. If this serous effusion were not a post-mortem effect, and if it had no existence previous to the exposure of the individuals, then we must conclude that the whole, or the greater part, was effused in the short interval between their exposure and their death."

A suppression of accustomed evacuations is acknowledged by all writers to be a very frequent cause of dropsy, and it may be extended to hydrocephalus. Dr. Golis, a warm advocate for the inflammatory origin of dropsy, tells us that, "when the urine is unnaturally scanty, the physician ought to be on the watch for an affection of the head." Hydrocephalus is very often connected with scrophula, and is most frequently found in scrophulous families. Dr. Percival, of Manchester, remarked that, out of 22 children who died of hydrocephalus, eleven were manifestly scrophulous.

"The appearances on dissection, in cases of hydrocephalus, scrofula, and dropsy, are similar.

"When water has been accumulated within the ventricles of the brain, scrofulous tumours in the vicinity of the venous sinuses, or in other parts of the brain, are occasionally found, scrofulous tubercles of the lungs or liver, and a scrofulous enlargement of the mesenteric glands. See cases above described, at page 49.

"The analogy between hydrocephalus and dropsy, may be further traced from the effect of the remedies by which both diseases have been occasionally relieved or cured.

"Hydrocephalus is occasionally removed by the same remedies as other kinds of dropsy, though, on account of the peculiar structure of the brain, and the effects of the disease in deranging its structure, the cure is more uncertain.

"From what has been above stated respecting the origin, causes, and appearances on dissection, instead of regarding hydrocephalus as generally connected with inflammation, it is rather to be imputed to scrofula, or to those causes which occasion a derangement in the circulation of blood through the brain, through the bowels of the chest and belly, than to inflammation of the brain, or what has been called Sub-inflammation by authors, and which acts peculiarly on a scrofulous habit."

The prognosis is generally unfavourable, though by no means so invariably so, as some writers would teach. Whytt acknowledged that he never cured a single patient who had those symptoms which certainly denote the disease. Fothergill made a similar confession. The reasons why hydrocephalus is so generally fatal, are ably summed up by Dr. Monro in the following manner.

"1st, Because when water has been accumulated within the brain, the functions of that important organ are, by the pressure of the accumulated fluid, more or less deranged, and the pressure probably occasions a deviation from the healthy structure of those very important parts of the brain which are in the vicinity of the ventricles; to which is to be added the influence of water, when once accumulated, giving occasion to the rapid effusion of more fluid, from its compressure upon the veins proper to the membrane which lines the ventricles, the large vein of GALEN, and the velum interpositum.

"2d, The disease often proves fatal, because it is often connected with an organic disorder of the brain, or of its investing membranes, or with organic disorders in the neck or bowels of the chest or belly, which in many cases cannot be removed.

"3d, Because, if we adopt the opinion of some authors, that it arises from a congestion of blood in the veins, the observations and ingenious experiments of Dr. KELLIE have shewn, that it is very difficult to remove such a congestion. The case detailed in pages 112 and 113 of this Essay, and the experiments of Dr. Seeds, shew that large bleeding is followed by effusion of fluid into the ventricles.

"4th, Whether the softening of the brain be the prelude to the effusion, or the consequence of it, considering the disorganization of the brain thereby produced, it is difficult, probably impossible, to remove it."

Notwithstanding the above propositions, which are but too well supported

by the experience of the profession, there are not wanting many instances in which all the more usual symptoms of the disease, already enumerated, have yielded to the efforts of nature, or to the means which the healing art has supplied. Drs. Monro, Percival, Dobson, Rutherford, and many others, concur in this opinion. "There are also a few examples in which the effusion of water has ceased, after the head had attained an extraordinary magnitude."

## Treatment.

We have been much more minute in our analysis of the other chapters of the work before us than we shall be on this. The treatment of a disease will vary much according to the pathological notions which the practitioner may have imbibed.

"If the disease be supposed to originate in debility, in laxity of the brain and its vessels, it may possibly be averted,—by avoiding cold,—all vicissitudes of the weather,—and every means by which the bodily strength may be impaired,—and by endeavouring to improve and invigorate the constitution, by generous diet, wine, and the keeping the bowels regular,—and by removing irritation, and the irregular action of the chylo-poietic viscera,—by warm clothing, and moderate and daily exercise in a pure atmosphere.

"By adopting such a mode of treatment, I think I have had the satisfaction of averting the disease.

"But, on the other hand, should the disease be supposed to proceed from the over-excitement of the vessels of the brain; and if inflammation be the primary cause, and the effusion merely the effect, an attempt should be made to remove that state by the general and topical detraction of blood, low diet, by refrigerant applications to the head, by purgatives, and by setons applied to the neck, by spices and blisters, and by avoiding all such causes as induce plethora.

"In my description of the symptoms of the subacute hydrocephalus, I have endeavoured to point out to my reader, that a derangement of the functions of the alimentary canal gives rise to the earlier symptoms of hydrocephalus. The patient's stomach is disordered; the abdomen is often tense, and painful; the stools are like clay, of a variegated colour, and of a very offensive smell; hence the necessity of evacuating the contents of the intestines by calomel and other purgatives.

"I have stated torpor of the intestines to be a consecutive symptom; and this merits peculiar notice, as indicating a derangement in the functions of the brain, in which case, a large blister should be applied over the head.

"Calomel, combined with James's powder, is of great use in restoring the healthy functions of the bowels."

Fothergill, Rush, Cheyne, and Carmichael Smyth, have highly recommended the daily use of the more powerful cathartics, as gamboge, colocynth, scammony, combined with calomel, and these in large doses, on account of the torpor of the bowels.

"In general, children bear calomel better than adults. If calomel be given in an over dose, it produces colic and severe diarrhœa, and sometimes inflammation of the intestines. A grain may be given every third hour to a child of a year old, and the dose is to be repeated until a free evacuation has been produced. But should the child have acute pain in the belly, the medicine must be given up, for if more be

given, an inflammation of the intestines will probably follow. I have given three grains of calomel, three or four times a-day, to children of ten or twelve years of age, afflicted by this disorder; and it did no more than keep the bowels open, or, at most, produced only three or four stools."

Dr. M. informs us that, by the application of a large *blister*, composed of tartar emetic and wax ointment, to the head, and the use of calomel, combined with James's powders, he has cured the disease, not in one, but in several instances. Dr. Rutherford, his colleague at the Dispensary, adopted the same plan, and has stated to Dr. Monro that he was equally successful. Dr. M. was first led to the employment of James's powder, from the recommendation of Dr. Cheyne, who speaks highly of its efficacy in this dangerous disease. "If there be pain and tenderness in the region of the liver, the patient will derive much benefit from the application of leeches to the abdomen." Dr. M. prefers one large *blister* of tartar emetic to a succession of small ones composed of cantharides. The latter occasion strangury and much irritation. But the fact is, that the operation of the one is very different from that of the other. The eruption of pustules, and the production of vesication, are very dissimilar processes, and effect very different actions in the animal economy. We will not renew the discussions respecting the efficacy of mercury in this disease. If we are acquainted with the sentiments of writers and practitioners generally, on this point, we will say that the utility of the medicine under consideration, is put beyond the possibility of cavil. It is true that some have recommended calomel in large doses—some in small. Perhaps there is little difference in the ultimate effects of both plans. When the head is affected, there is usually such torpor of the bowels, that large doses of medicine produce no more action in the intestinal canal than much more diminutive quantities. Hence the great deception into which practitioners may be led. Dr. Monro has given us the following document from his father, with which we will conclude this analysis.

"After mentioning twenty-two cases of this disorder, in which he had unsuccessfully employed mercury, he states:

"'As in the greater number of the above cases, the disease had made considerable progress before I was called; and, as most of the patients survived but for a short time thereafter, the effects which the mercury may have, if given on the first appearance of the symptoms, are by no means fully determined. And, as I have repeatedly found, in other dangerous species of the natural encysted dropsy, particularly in hydrothorax and ascites, that mercury combined with squills or other diuretic medicines, in such quantity as to salivate in a slight degree, contributed much to the relief or cure of the patient, I would recommend the further trial of it in hydrocephalus. At the same time, considering the importance, sensibility, and delicate texture of the parts which are affected, and total failure in the cases I have described, I cannot help suspecting that several late writers are much too sanguine in their expectation of removing hydrocephalus by the use of mercury.'"

We must now close this article, promising to furnish our readers with some important information from the same work, respecting certain pathological conditions of the brain, in one of our succeeding numbers.

We have restricted ourselves, in this paper, almost entirely to the humble, though not the less useful, labour of analysis. But the talented author will excuse us, if we venture to dissent a little from him, as to the part which inflammation takes in the serous effusion which is usually found in the disease under consideration. We have often expressed our opinion, that it was too much the fashion to consider phlogosis as the root and branch of the effusion. But we cannot, consistently with our own observations, go the length which Dr. Monro has gone, in the opposite view of the pathology of hydrocephalus. We are convinced that, in a great majority of cases, the effusion which we find in the heads of infants who die with the common symptoms of hydrocephalus, is the result of an inflammatory process more or less acute—and, consequently, that our remedial measures should generally embrace local depletion from the head—especially in the early stage of the disease. At the same time, we are glad to have the authority of Dr. Monro, in support of a doctrine which we have long advocated—namely, the possibility of watery effusion from other causes than inflammation.

Although we mean to return to Dr. Monro's work again, we cannot take leave of it, without expressing our sincere esteem for the amiable and talented author. The small volume which he has now published, abounds in rich materials, without the slightest tincture of wild hypothesis—arrogance—presumption—or the prevailing sin of the day—censure of the opinions or practice of his brethren. Dr. Monro is a worthy representative of the old school of amenity, liberality, and true love of science! If primus et secundus Monro could start from their marble cerements, and view the distractions of medical society at the present moment—if they could read the malevolent and ignorant effusions of a Scotus, indited in the Intellectual City—they would, doubtless, join in the doleful verse of their countryman, Smollet—

> "Mourn, hapless Caledonia, mourn—
> Thy banished peace—thy laurels torn!"

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## XIII.
## MEDICO-CHIRURGICAL TRANSACTIONS.

1. *Remarkable Fungous Eruption curable by Mercury.* By Mr. Wallace.

The unsightly disease which forms the subject of this communication appears to be much more frequent in the Sister Island than here. Mr. Wallace, who is attached to an institution for cutaneous diseases in Dublin, ventures to give it the name of morula, from morus, a mulberry. This term marks its most pro-

minent feature—"a fungus of a rounded and granulated form." Although its appearances are regular and peculiar, it has not previously been described. Its growth is somewhat similar to that of the yaws; but there are differences in other respects, which forbid its classification with that disease. Our author has not had occasion to see the eruption, except among hospital patients—and it is curious that the majority of the individuals were either males or females, who got their livelihood by traffic in old clothes, rags, and similar merchandize. It has frequently been observed, however, by others among the peasantry of Ireland. Mr. W. does not think it has any necessary connexion with syphilis, nor pruriginous affections—nor, in short, with any other disease. On some occasions, there was reason to suspect that it was propagated by immediate contact—but generally it appeared void of contagious character. There is scarcely a part of the body, except the palms of the hands and soles of the feet, upon which Mr. W. has not observed these fungous eruptions.

"They uniformly commence, as far as my observation goes, in minute pimples, which become quickly covered on their apex by a very small scab, upon the removal of which may be observed the germ of the future fungus, consisting of a single granulation, and so minute as to require for its discovery the assistance of a lens. At this period the spot is itchy, and is surrounded by a slight erythematous redness. Its size gradually but progressively increases. In the course of some days, a scab of several lines in breadth, of a brownish yellow colour, and considerably elevated, will be found to cover a fungus of a rounded figure and granulated surface, of a yellowish red colour, sore to the touch, and surrounded by a slight livid redness. The size to which these spots are capable of increasing as fungi is, I believe, limited. I have never observed them larger than about one inch and a quarter in diameter, and I have generally remarked that when the spot acquired about an inch in diameter, the action of the vessels of the part changed, and the fungus becoming absorbed, an ulcer was produced. If credit could be given to the observation and reports of the patients themselves, it would appear that many of the fungi, upon arriving at a certain magnitude, shrink and fade away; but whether a fungus, after it has been once decidedly formed, ever disappears, except by the formation of an ulcer, without the interference of art, is a point upon which I cannot speak decidedly from my own observation."

It is very remarkable that the part on which these fungi have been situated, possesses the power of healing, without the formation of any permanent cicatrix —demonstrating that the fungi grow from the *surface* of the cutis, and that the texture of this covering is not permanently injured. The number of fungi in individuals, varies from one to fifty. The THERAPŒIA of the subject will clearly appear in the following extract.

"In the whole catalogue of maladies which are capable of being cured or relieved by mercury, I do not know any which exhibits the value of this mineral more remarkably than the disease in question. I believe it matters nought whether this valuable agent be employed internally or externally. If internally, whether it be used as an oxide or salt; if externally, whether it be employed in the form of an unguent, vapour, or fluid, for the disease immediately shrinks, *as soon as the slightest mercurial action in the system is manifested*. I generally retain the patients under care five or six weeks, and use the remedy to such an extent as to cause its gentle but marked influence on the system; and the form in which I employ it is varied according to the peculiar circumstances or convenience of each case."

Three cases and an expressive plate are given by Mr. Wallace, in illustration of the eruption above described.

## 2. *Sulphate of Copper in Chronic Diarrhœa.* By Dr. ELLIOTSON.

IN a former number of this Journal, (No. 13, p. 156,) we alluded to Dr. Elliotson's practice of exhibiting sulphate of copper in chronic bowel-complaints, and his paper is now before the profession in the Medico-Chirurgical Transactions.

Our intelligent author seems to have been led to the practice in question, by the case of a man who was admitted into Guy's Hospital in 1824, labouring under diarrhœa of three months standing. The abdomen being tender on pressure, the pulse quick, and the skin hot, the motions yellowish and watery, he was ordered a blister, chalk mixture, and half a grain of opium, night and morning. The diarrhœa continued, and then various astringents with opium were tried—but still the diarrhœa persisted as profuse as ever, and the man appeared to be sinking. Dr. E. now learnt from a pupil, that the sulphate of copper had been successful in some cases of this kind, and he immediately gave it a trial, prescribing half a grain twice a day, with two grains of opium in the 24 hours. In a few days the disease was less severe—and in eleven days from the commencement of this plan, the patient was so far relieved, that the opium was considerably diminished, and the sulphate increased. In a fortnight more the man was well.

Dr. Elliotson next alludes to the disease noticed by Dr. Baillie, as "not very well known, and almost always fatal." He describes it as occurring oftener in males than in females, and generally in those who have resided long in hot climates. He says, the stools are very copious and numerous, pale, like a mixture of water and lime, frothy, and often of a sour smell. Even when they acquire the consistence of pudding, they are still pale—and if they become figured and dark, the colour is rarely that of healthy motions, and they soon become white and frothy again. The body emaciates—the countenance is sallow—and the constitution is ultimately destroyed. A man, a sailor, who had resided in hot climates, and whose complaint tallied with that described by Dr. Baillie, next came into the hospital, and the treatment above-mentioned was employed. In four days the dose of sulphate was increased to one grain twice a day. In a few days the stools were reduced to two or three in the 24 hours. In less than a month the motions assumed a deep healthy yellow. A relapse, however, occurred, and the dose was augmented. The patient was ultimately discharged cured. Several other cases are detailed, but we deem it unnecessary to dwell upon them. Dr. E. considers the medicine in question as superior to every other astringent in chronic diarrhœa—and thinks it will cure

the disease more quickly than any other—and often when all others fail. Three grains, thrice a day, is the largest quantity he has given. Some patients took it in this quantity three or four months, without any inconvenience. But, as it has a tendency to produce vomiting and griping, Dr. Elliotson *always* combined it with opium, except for about a week in the first case, and towards the decline of the disease. Our author concludes that it was principally owing to the sulphate that his patients recovered, since the opium had been previously used in various forms, without success.

Granting the utility of the remedy here introduced, it must be remembered that the diet, the quietude, and the regularity of an hospital, are powerful means of curing bowel-complaints. We venture to affirm that, if one half of any number of patients, labouring under bowel-complaints, were confined to their beds, and fed upon farinaceous food, without a particle of medicine, they would sooner get well than the other half allowed to go about the wards, and treated with the sulphate of copper, or any other medicine or combination of medicines in the Pharmacopœia. We regard the horizontal posture, warmth, and farinaceous food, as the basis of all treatment in bowel-complaints—and superior to all other medicines, where this regimen is not enjoined. In respect to the modus agendi, we adhere to our former opinion, that it is not merely by its astringency that it checks diarrhœa. It is to be recollected that the mucous membrane of the intestines in this disease, is morbidly irritable—and the sulphate of copper, very probably, acts internally as it does externally, by diminishing this inordinate sensibility of the mucous surface. It is chiefly in this way that opium is useful.

In a postcript to this valuable paper, Dr. Elliotson alludes to a former communication on large doses of the subcarbonate of iron—as also on prussic acid, pulvis antimonialis, and sulphate of quinine. With this last medicine Dr. E. has cured nearly 150 cases of intermittent fever—many of them combined with inflammation of the great organs of the body, requiring venesection—some of them combined with dropsy—some with chronic disease of lungs or liver—"*but every one was cured.*" He has never seen it augment any inflammation that might be present, or interfere with antiphlogistic measures; consequently he has given it under all circumstances, "and simultaneously adopted any other measures that might be demanded by other symptoms." How will these facts quadrate with Mr. Lawrence's observations on bark, in his celebrated speech on erysipelas?

Dr. E's further experience with carbonate of iron enables him to state that he has treated nine cases of chorea with this remedy, (generally in doses of three or four drachms,) and did not once fail. The time usually required varied from six to ten weeks. Dr. E. has treated a genuine case of traumatic tetanus with it, in doses of half an ounce every two hours.

Dr. E. is anxious also to make a report on *acupuncture*, which he has employed

very extensively, both in private practice and at St. Thomas's Hospital. His experience perfectly coincides with that of Mr. Churchill;—namely, that it is chiefly useful in the rheumatism of fleshy parts—rheumatalgia, and the more so, as the disease is less inflammatory. When, indeed, the parts are hot, or the pain is increased by heat, the remedy is generally useless, and cannot supply the place of antiphlogistic measures. He has found that one needle allowed to remain an hour or two in a part, is more efficient than several used but for a few minutes. "The effects are often magical." The pain sometimes ceases while the needle is in the flesh; but generally three or four introductions are necessary. Of 42 cases, taken in succession, from the hospital books, 30 were cured—the other twelve were not proper subjects. It is occasionally a good mode of letting off the fluid of anasarca; but the needle should not be pushed deep. "Neither is its use always attended with *safety*, as in rheumatism."

Dr. Elliotson, who is always practical, and rarely indulges in speculation, deserves the thanks of his cotemporaries for the candour with which he details the results of his experience in a public institution. Would that his brethren of public hospitals would follow his example!

## XIV.

*Lectures on the Intellectual Composition of Man. (Delivered at the London Medical Society.)* By Dr. Haslam.

Dr. Haslam, by a long residence as house-apothecary in Bedlam, where men are said to be "out of their minds," must have had extensive opportunities of communing with the "disembodied *spirit*," and studying all the sublime attributes of the immortal mind. Where, indeed, could a philosopher find such excellent materials for his metaphysical researches as—

> In those deep solitudes and awful *cells*,
> Where heavenly pensive contemplation dwells,
> And ever musing *melancholy* reigns?

We have said the *immortal mind*—and happy are we to have the authority of Dr. Haslam for this doctrine of immortality. "If any one, (says he) should suspect that a wall is here built up, to which the branches of infidelity may be trained; and which forms a line of separation from the orthodoxy that is accredited—or if he presumes that a hopeless materialism will be disseminated, he will be wholly disappointed." Again, he says that, as we "penetrate more intimately into the substance, (of the lectures) they will be found to afford additional reasons, and, I think convincing proofs, of the immediate and *future responsibility* of man." Dr. Haslam stands fair to be made a bishop, if he preaches up such

doctrines as these! How cheering is this assurance, after the following somewhat different sentiment delivered by Mr. Lawrence.

"If the intellectual phenomena of man require an *immaterial principle* superadded to the brain, we must equally concede it to the more rational animals. If we grant it to these, we cannot refuse it to the next in order, and so on in succession to the whole series—to the oyster, the sea ænemone, the polype, the microscopic animalcules. Is any one prepared to admit the existence of *immaterial* principles in all these cases? If not, he must equally reject it in *man*."—*Physiol. Lect. p.* 110.

When we came to examine Dr. Haslam's doctrines, however, we found nothing that supported these brilliant expectations of future existence.

"The human mind is not the progressive unfolding of *intellectual* germs, which Nature first protrudes and subsequently expands; but a *structure* that is reared, in its primordium, by casual excitations, and in its most important attainments, by the active exertions of the individual himself."

Now what is all this laboured definition but a new version of the theory of Locke, who likened the human mind to a blank sheet of paper, on which the ideas were afterwards written by the senses? Did not Newton ask—"Is not the sensorium of animals, the place where the sentient substance is present, and to which the sensible species of things are brought through the nerves and brain, that there they may be perceived by the mind present in that place?" Is it not the doctrine of Priestly somewhat mystified, who argues that "all our ideas either proceed from the bodily senses, or are consequent upon the perceptions of sense." Finally, is it not a periphrasis of Mr. Lawrence, who tell us, that the mind is built up before our eyes by the senses? There is nothing, in fact, so easy now-a-days, as to appear a great original by bringing forward old matter with a new face. Most physiologists, we apprehend, were acquainted with the fact that, in addition to those organs which carry on the circulation, respiration, digestion, secretion, and other processes, there was an apparatus called a brain and nervous system, by which man became acquainted, and held constant converse with the world around him. But we were mistaken. This grand discovery was to issue from a narrow, dark, and somewhat odoriferous court in Fleet-street, in the year 1827.

"Man is not a mere corporeal and animated mass, not exclusively the compound of circulation, respiration, digestion, secretion, and other vital actions: this living system is endowed with organs and capacities of a different and more elevated nature; susceptibilities of impression, and capacities of intelligence, that, by proper culture and application, may become gradually ripened into the display of mind."

Dr. H. then goes on to inform his audience and the world, that, in a state of "perfect formation," we are furnished with five senses—that we have eyes, ears, a nose, a tongue, and "pulpy *internal extremities* of the fingers," which compose the organ of touch. We are really at a loss to conceive what is meant by "the *internal extremity*" of a finger! We quite agree with Dr. Haslam, however, that no proof has ever been produced "that the infant

brought with it any *memorial* of its *uterine* existence." We should think, indeed, that "the pulpy *internal extremities*" of its fingers were but badly calculated for making memoranda, during its uterine existence. We are next informed that light impresses the eye, sound the ear, resistance impresses the touch, &c. We, also, subscribe to the observation, that, "it is impossible to describe the *imperceptible* gradations of sight," during the first weeks of our extra-uterine existence. The Doctor's observations on perception contain nothing but what is known to the merest tyro in physiology, though they are delivered with an air of oracular originality that must excite a smile. There are some observations, under the head of perception, on which we shall take the liberty to make a comment or two. Dr. H. says, the organs of sense are fatigued by exertion, in the same way as the voluntary muscles, and recruited by rest, &c. This renovation appears to the orator a "perfect mystery"—not more perfect, we should imagine, than secretion, digestion, or any other process in the animal economy. "There are, however, *slight glimmerings* that *seem* to afford some clue to *conjecture*." Here our hopes were kindled, but an extinguisher was soon placed over them. The *voluntary* muscles are liable to fatigue and require alternations of *repose;* but the involuntary muscles are never tired, and "the heart will continue its pulsations for a century without any *individual* feeling of weariness." Now let us see how this learned philosopher is supported by facts. Upon the most accurate calculation that can be made, the *contraction* of the ventricles of the heart occupies *one third* of a second, and the *relaxation* the other *two thirds*, when the circulation is at 60 beats in the minute. The same ratio prevails, whether the heart's action be retarded or accelerated. Thus, then, the muscular fibres of the heart *act* eight hours out of the 24 hours—and are *passive* during the space of 16 hours in the same period. Yet this sapient philosopher represents the heart, as an *involuntary* muscle, as capable of continuing its action *uninterruptedly* for a century, without any *individual* feeling of weariness! If we examine the action of all other involuntary muscles, as those of the stomach, intestines, &c., we find the same alternations of labour and rest—and that Nature has not imposed on them any severer task, or endued them with any power of *perpetual motion* beyond other muscles in the human frame. Such are the *slight glimmerings* affording clues to *conjecture*, in the dark passages of Bolt Court!

### *Memory.*

Dr. Haslam has occupied a prodigious quantity of verbiage on this mysterious power, without letting in a single *glimmering* that can afford a clue to *conjecture* as to its nature. We apprehend that two or three words might comprise the whole of what we know of memory. It is a record of perceptions, and reflexions, with the power of calling up these records to the mind's eye, voluntarily or involuntarily. We cannot entirely agree with our learned me-

taphysician in the following passage. "We are fully aware of the directing wisdom that constituted memory the associate of perception, *because perception alone would have conveyed no intelligence.*" Now we are inclined to think, that *perception* does convey *intelligence*, whether that intelligence be recorded by memory or not. Suppose Dr. Haslam was transported (we merely mean an imaginary flight) to Botany Bay, and then, for the first time, to behold a KANGAROO hopping about. Would his *perceptions* of this animal convey no *intelligence*, as to figure, colour, shape, &c., even if his memory were extremely defective? The doctrine, we think, is not quite sound. We see men in very advanced age, whose memories are almost completely annihilated, and who yet have clear perceptions of those objects that are presented to their senses at the moment, and reason on them accurately. The next moment they recollect nothing of what has passed. Memory greatly enhances, no doubt, the value of perceptions, but perceptions, we imagine, convey intelligence, whether they are treasured in the memory or not.

In the perusal of these lectures, we have not been able to collect any more distinct views of the intellectual composition of man than we before possessed —and we are quite sure that, in many instances, Dr. Haslam's attempts to unravel the mysteries of mind, have only tended to make obscurium obscurius. "I should define *thought*" says he "to be that operation of the intellect, whereby it elaborates its peculiar and intrinsic attainments." If any man can form a clearer idea of thought by this definition, he must have a penetrating mind indeed. It is neither more nor less than—thought is thought!

"It has been considered altogether a *spiritual* process, and it has likewise been held, that any other manner of interpretation, would introduce and countenance materialism. This is a most mistaken and absurd inference, and appears to have arisen from our ignorance of the actual nature of the process of thought. In a former lecture it has been explained, that all the living functions, and all the intellectual capacities on which the mind is built up, are to be considered as the endowments of a divine cause, and are not to be expounded by any material solution. Ordinary observation will convince us, that the human mind is reared, or formed, by the excitations of the external world, and from its own intrinsic achievements; and the assumption of a spiritual interference would destroy the whole fabric of intellectual physiology, and abolish the responsibility of man."

Thus, living functions are divine endowments, but THOUGHT, the highest function of an ORGANIZED BEING, must be explained without "spiritual interference." In short, dear Doctor, you know as much about the nature of THOUGHT, as you do about the inhabitants of the Moon—nor do *we* profess to be a whit wiser than yourself. You have contrived to clothe a small quantity of old matter in a large number of new words, which are by no means badly strung together. But as to the addition which you have made to our previous stock of knowledge—it is neither here nor there.

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### Art. XV.

*Researches into the Causes, Nature, and Treatment of the most prevalent Diseases of India, and of Warm Climates generally. Illustrated with Cases, post-mortem Examinations, and numerous coloured Engravings of Morbid Structure.* By James Annesley, Esq. of the Madras Medical Establishment, &c. &c. Imperial Quarto, pp. 700, with 21 coloured Plates. Vol. the First. Longman and Co. 1828.

[Art. I.]

THIS magnificent work will transmit Mr. Annesley's name to posterity, in conjunction with the medical history of our extensive empire in the East. We know not which to admire most—the indefatigable labour, and the unconquerable zeal of the author in the collection of his facts, or the beauty and fidelity of the plates, which portray the ravages of disease as it appears in the Torrid Zone, with the most scrupulous accuracy.* We hope and trust that the East India Company will do an act of justice in rewarding Mr. Annesley for the toil of mind and body which he must have undergone in the construction of this immense undertaking—leaving the tremendous expenses out of the question. If they can so cheerfully vote away their thousands in the annual pension of those who make war—they surely might well expend a few hundreds in the encouragement of those whose labours will mitigate the miseries of warfare and the deleterious influence of climate, long after their bones are mouldered into dust.

We do not deem it necessary now to apologise for dwelling on those diseases which scourge our countrymen beneath a foreign and burning sky. Some of the greatest improvements in medicine have resulted from researches made in hot climates—and there is not a single fact observed, or a single disease inves-

* It will doubtless be said that some of the plates are too highly coloured. This may be true—and it is an objection to most coloured plates. But it should be remembered, that diseases run a rapid course in high temperatures, and that dissections are necessarily made there, in a few hours after death.

tigated on the banks of the Ganges or the Mississippi, that does not bring its quota of utility to the practice of medicine in our own country.

After stating the excellent means which he possessed, for a great many years, in India, of acquiring and registering the most authentic information, Mr. Annesley remarks as follows:—

"In India, the medical practitioner has every possible opportunity of investigating disease by *post mortem* examinations, and of connecting the symptoms and treatment with those morbid changes which take place in its course. To this subject the Author has always paid especial attention: but the great difficulty of describing morbid structures, and the impossibility of preserving the natural appearances in the way morbid preparations are usually made, led him to cause Drawings to be executed of the more interesting and remarkable changes produced upon the internal organs by the diseases he was called upon to treat. Circumstances placed in his power the means of accomplishing this object, and he fully availed himself of them. *Post mortem* examinations necessarily take place in warm climates soon after death, and before the capillary circulation in the internal organs has undergone that change which is experienced after a few hours, or before the blood has returned from the minute arteries into the venous trunks. Thus, the warmth of the climate has indirectly enabled him, it may be presumed, to give a more correct delineation of the appearance of diseased structure than could otherwise have been obtained. The knowledge unfolded by this circumstance induced him to follow up the indications to which it pointed; and as an early examination of the subject of disease after death appeared necessary to accurate ideas as to the more minute changes and finer shades of disorder, impressed upon the different internal viscera during life, it was never neglected when it could be practised with propriety."

This is a very important consideration, and tends to enhance the value of the work under review. We must pass over the preliminary discourse of our author, in which he dwells, with allowable earnestness, on the advantages which a long residence in India has conferred on himself—and points out, in no very measured language, the sources of error which may have operated, where the residence has been short, the scene of observation limited, or the constitutions of the patients of a peculiar description. All these things we are ready to grant to our experienced author; but we would just hint, from some 30 years close observation of men in all climates, that it is a comparatively rare occurrence to find any discovery or improvement in medicine result from *mere length of experience.* We refer Mr. A. to the history of our art generally—and to the medical history of tropical climates particularly, for the proofs of this position. Mr. A. regrets that few or none of the old and experienced practitioners of India have left us any records of their practice. If we look to the West, we shall see the same thing. Have any of the old residents of the Antilles left us any works to compare with those of Jackson and others, who were only a very few years in that unhealthy climate? In short, unless observations are made in the vigour of life, by medical men in hot climates, they will never be made at all! After a certain number of years, in hot as well as in cold climates, the current of zeal, in the minds of medical practitioners, is too often dried up or frozen up—and it is replaced either by a sharp look out for the "main chance"—or a settled resolution to take things easy—to enjoy

the short span of existence with as little encumbrance as possible—and to leave to others the trouble of observing for themselves, as they themselves were obliged to do! Mr. Annesley, it is true, forms an exception to the general rule. He is a "rara avis in terris"—but he may take our word for it, his call on the old practitioners will meet with few responses. Let us, therefore, be thankful for the contributions of our younger brethren, both here and elsewhere—and let us be doubly thankful to such men as Mr. Annesley, who have devoted a long series of years to practical and pathological researches beneath the enervating influence of a vertical sun, and surrounded by so many temptations to indolence and luxury!

But, leaving these considerations on one side, we come to the work itself. We must pass over the whole of the first chapter of the work, occupying 45 folio pages, which treats of the physiology of digestion, and the functions of the liver, spleen, &c. Considering what a size and price Mr. Annesley's book necessarily amounted to, we cannot but think a chapter on the mere elementary matter of digestion, to be found in the school-books already in the possession of even pupils, was somewhat impolitic. We next come to the second chapter, exhibiting "a general view of the causes chiefly productive of diseases in warm climates, particularly in India."

## Malaria.

This subject has been treated in so masterly a manner by Dr. Macculloch, that little or nothing new or interesting can be expected from Mr. Annesley. The copious analysis which we have given of Dr. M's work will be a sufficient excuse for passing over the section in question from the pen of Mr. A. We shall notice one particular only. The writers on marsh miasmata have generally insisted, especially since Dr. Bancroft's Essay appeared, that animal matters have nothing to do with the poison of terrestrial exhalations. We have always been of a different opinion, and the following passage shews that we have Mr. Annesley on our side.

"A most important circumstance, which goes far to account for the much greater unhealthiness of moist and marshy situations in warm countries, is the quantity of animal matter, in a state of decomposition, which they present. The same circumstances which render vegetation quick and luxuriant, tend also to generate immense swarms of reptiles and insects; the exuviæ and dead bodies of which, mingling with vegetable matter in a state of decay, and combining with moisture, give rise to miasms of a much more noxious description than those resulting from vegetable decomposition and moisture alone. In the course of our experience in warm climates, we always have considered the number of insects and reptiles with which a place abounds, as more indicative of its unhealthiness than any other circumstance; for in it there is a most powerful cause of disease in its worst forms superadded to those already in existence; and, as the one cause is extensive and powerful, so, generally, is the other. The great unhealthiness of low, moist, and marshy places in temperate climates, during warm seasons, particularly

in the months of July, August, September, and October, is as much owing to the immense swarms of insects which then abound, and which die during these months. Italy furnishes numerous proofs of this; and every warm country in the globe will verify the axiom, that a place is unhealthy in proportion as it furnishes, with the various causes of disease depending upon locality and temperature, animal remains and animal substances in a state of decomposition, mingled with the products resulting from the decay of vegetable matter."

In a subsection, Mr. Annesley introduces some remarks on the nature, properties and effects of miasmata—and on the manner in which they invade the system. In respect to the *first* point, it is hardly necessary to say that we know nothing. We are as ignorant of the nature or essence of malaria as we are of the inhabitants of the Georgium Sidus. Of the properties and laws of vegeto-animal effluvia, we have taken ample notice in our review of Dr. Macculloch's Essay—and Mr. A. appears to have drawn pretty feely on that and all preceding works on malaria. We shall proceed at once to "the effects of malaria on the human constitution." Intermittent and remittent fevers, of course, are the acknowledged products of the invisible poison—"even yellow fever, in its worst forms, seems to be the consequence of these causes operating in a state of greater activity or concentration upon highly disposed subjects." Mr. A. believes the plague of Egypt to be the product of malaria. Next in importance, to fever, is dysentery, which, in its epidemic forms, Mr. A. ascribes (and probably with justice) to malaria. He does not deny, however, that sporadic cases of this disease are the products of vicisitudes of temperature, errors in diet, intoxication, and other causes. He thinks there can be no doubt that the scorbutic dysentery, so well described by the late Mr. Bampfield, is produced by terrestrial exhalations acting on constitutions badly nourished by improper food. He says the scorbutic dysentery which prevailed at Rangoon, and the endemic at the Milbank Penitentiary, are recent examples of this. Even hepatitis he is disposed to attribute to malaria conjoined with tropical heat. "There is seldom seen, within the tropics, a case of disease in which, upon dissection, the liver and spleen are both sound." In fevers from marsh effluvia, indeed, whether within or without the tropics, there seems to be a strong tendency to derangements of the liver and spleen. The exposure, therefore, to malaria, even when no fever or dysentery is produced, seems to affect the hepatic system, as we see in all marshy countries. The malaria of India has an infinitely greater effect on the European than on the native population. If the children of Europeans are not sent home young, their constitutions are liable to be ruined, and the range of their existence abridged.

"In addition to the diseases we have enumerated as being produced among Europeans by malaria, and in addition to its blighting effects in warm climates upon a native white population, even when it fails of inducing active and specific disorder, we should particularize its influence in occasioning ulcers of the lower extremities, and foul sores, and even sphacelation and gangrene. Every military surgeon has numerous opportunities of observing, in the East, the relation which subsists between

unwholesome situations and these disorders, both among Europeans and natives. Indeed, it seems to be a general and necessary effect of malaria to diminish the powers of life throughout the whole body; and the phenomena accompanying and indicating this effect are various, according to numerous concurrent circumstances, to predisposing causes, and to concomitant influences. Of these we shall have occasion to speak when the diseases proceeding chiefly from this grand agent come specifically before us."

In respect to the modus operandi of malaria, or even the channel through which the poison is conveyed, Mr. A. is unable to furnish us with any positive information.

"But observation has supplied data, which, when calmly considered, seem to shew that terrestrial emanations, and all those causes of disease which float in the atmosphere, make an impression on those surfaces with which the air comes in contact: and this impression, when sufficiently strong, or frequently made, is productive of disease, either of the system generally, as in fever, or of some important viscus, as the liver or spleen. It is, therefore, chiefly to the internal surfaces of the lungs and air passages that we are to look as the channels through which malaria makes its hurtful impression upon the animal frame. But whether it acts by deranging the healthy condition of the nervous system of the organ, which derangement produces farther disorder until specific disease is fully formed; or whether the exhalations floating in the air are actually absorbed from the surfaces of the air passages and cells into the blood, vitiating this fluid, and, by its presence there, deranging the whole system, or some important viscus, it is impossible to decide. Both sides of the question have found supporters who have adduced arguments in behalf of their opinion, in the absence of positive proofs."

Mr. Annesley seems to conclude that both may be combined. The miasm may offend the nervous system, and, entering the circulation, may vitiate the fluids at the same time.

After taking a survey of those circumstances which favour the operation of malaria, as irregularities of all kind—and more especially the depressing passions, indolence, &c. our author devotes a subsection to the consideration of the means of preventing malaria, and counteracting its effects on the human body. These subjects have been amply discussed—or will be so, in our reviews of Dr. Macculloch's volumes. We must pass over another great portion of the work before us, consisting of medical topography—embracing both hemispheres, as well as the Mediterranean. From a section on the diet of Europeans in India, we shall select the following passage, exhibiting the "diary of a day," if we can use such an expression. It is a matter of curiosity, in more than one respect.

"The military officer goes to parade at six o'clock A.M., and breakfasts between eight and nine upon tea, coffee, or cocoa, with fish, meat, eggs, rice, and whatever may be most agreeable to him. From breakfast till one o'clock he generally applies to study or amusement, or to paying visits. The heat of the weather, and perhaps a hearty breakfast, and the nature of the articles taken at it, produce thirst, which renders the necessity of gratifying it urgent, and occasional draughts of wine and water, beer and water, or brandy and water, are therefore necessarily taken; and although this is by no means a habit, nor is indulged in beyond what seems a matter of necessity, yet it must, in a certain degree, be injurious. At one o'clock he eats a hearty tiffen, consisting of roast and boiled meat, fish, mullagatawny or other soups, various wines, bottled beer, &c. He afterwards occasionally rides out in the

sun, and either lounges on a sofa, or amuses himself with cricket or fives till evening parade. Dinner is next disposed of, at seven o'clock, or half-past seven, or eight. This meal is, properly speaking, the supper, that which is taken at one o'clock being the dinner. The seven o'clock meal is generally profuse, consisting of soups, fish, rich and hot curries, roast and boiled meats, and other richly made dishes, with various wines, and bottled beer. To all this succeeds coffee or tea; and upon the repleted stomach and excited system he retires to bed at eleven or twelve, when the feverish collapse induces the sound sleep indicating plethora, or the restless slumbers attendant upon prolonged excitement."

The above is a faithful diary of a tropical sojourner in the military service, and we have reason to believe that it equally applies to the civil servant of the Company. This being the case, we cannot wonder that our countrymen return from the East more frequently with enlarged livers than lacks of rupees. It is seen that animal food is partaken of largely, at least twice, but generally thrice in the day, together with an abundant supply of various other stimuli and provocatives—all this, too, in a climate where adequate corporeal exercise cannot be taken, without immediate risk of life. That such a system of repletion must keep up a constant over-excitement in the digestive organs, including the liver and spleen, cannot be doubted. It would do so beneath the gloomy skies of England, with all the exercises of the field, and the bracing air of a British winter! Mr. Annesley protests against this system of full living, and eloquently supports the arguments of those who have gone before him in this line of investigation. We cannot so fully concur with our talented and experienced author in his ideas respecting exercise in tropical climates. Mr. A. strenuously recommends corporeal exercise "so as to promote a full and copious perspiration and regular circulation in the cutaneous surface." We are advocates for exercise, in all proper times and places; but we have been led, from personal feeling as well as observation, to regard corporeal exertion as much less adapted to tropical than hyperborean regions. The vessels of the surface are too much excited by the heat of an Indian atmosphere, even when a person is at rest, and therefore, we believe that quietude in the middle of the day is best, while we recommend exercise before sunrise and in the evenings, in moderation. This, indeed, after all, is the rule to which Mr. A. comes in the sequel.

In a chapter on the premonitory symptoms of diseases, we find many judicious observations. Every one knows that there is an interval between the application of a morbid cause—say the cause of fever, and the development of its effects. This may be termed the period of incubation. The phenomena which take place in this interval generally pass unnoticed, or unattended to by the patient; but a careful observer will see that the seeds of disease are sown, and that a storm is impending.

"In fuller illustration of this subject, we shall instance a very frequent case, and one that will be recognised, not only by those in India, but by those who have ever been there;—we allude to snipe shooting and hunting parties. These are generally arranged late in the evening, after dinner, and are entered upon early in the morning.

It is impossible, therefore, that the individuals engaged in them can have the repose necessary to recruit the system from the exertions of the preceding day. After riding eight or ten miles, they commence snipe shooting in the marshes and rice-fields, where they are up to their knees in water; and thus, in a state of fatigue, they are at once brought within the influence of those marshy exhalations which are the most frequent exciting cause of fever in warm climates. The exposure to this cause taking place during a period of predisposition to its invasion, and at a time of the day when the cause itself is in considerable concentration, that impression is made upon the system which is productive of fever, and its future subject returns from his excursion with the seeds of it sown in his frame. For a day or two he complains of little or nothing excepting a weight in his back, loins, and limbs, some loss of appetite, and a disinclination to exercise or employment of any kind. To these he attaches no importance, imputes them to fatigue from his excursion, and he does not resort to any means for removing them. They, however, continue, and even increase; and in a short time a slight headach, with confusion of ideas, comes on, especially towards evening, and is attended with disturbed repose and unpleasant dreams. His appetite now becomes further diminished, his countenance is pale, sallow, and a somewhat darker tinge is remarked beneath his eyes, which are at the same time muddy, and deficient of their usual expression and liveliness. These symptoms continue for several days: they are insufficient to confine him, or even to excite ideas of his being actually ill; but he feels out of health, and every kind of occupation is a burden to him. At last, after a period widely varying in its duration, generally enduring from two or three days to a fortnight,—during which time these symptoms continue gradually to increase,—nausea often supervenes, the bowels become irregular, the tongue white and loaded, the countenance sunk and muddy, the surface cold, dry, and harsh; and at last, irregular chills, formication, and even complete rigors, supervene, with sinking and a sense of anxiety at the pit of the stomach and præcordia, and increase of the pain in the head, loins, and limbs. This is that precise stage of the disease at which the patient generally becomes alarmed, and when he is first unable to keep about."

When we carefully consider the foregoing phenomena, which are correctly recorded, we will be constrained to admit, that they afford full as much support to the humoral, as to the nervous pathology of diseases. The sallow countenance, the dark tinge round the eyes, the white and loaded tongue, together with the deranged state of the secretions and excretions, which the author has not sufficiently noticed—all these are as indicative of vitiated fluids, as of disordered nerves in the body. But, on this subject, we have already dilated in another part of our Journal. Mr. A. goes on to state some causes of disease in warm climates, which are of considerable importance. The mode of living before-described, combined with want of exercise, tends to plethora, and this is aggravated by a constipated state of the bowels, and a vitiated condition of the secretions. These circumstances, our author observes, "tend very rapidly to vitiate the constitution of the blood itself." After making many judicious observations on the state of various functions, as indicative of incipient disease, Mr. A. comes to the second book of his work, in which he takes up the subject of disorders of the stomach, as they appear in tropical climates.

### Stomach Disorders.

Our author remarks, that this class of complaints is comparatively rare in hot

climates, at least in "a pure and uncomplicated form." They are seldom much noticed, till they become connected with, or give rise to, more serious disease, as of the liver or intestines. Mr. Annesley does not profess to go very deeply into the investigation of stomach disorders, and we are forced to confess, that the short dissertation contained in the work evinces neither novelty nor originality. Our author is disinclined to view, as some have done, the stomach affection as the *cause* of the biliary derangement. The causes of both these complaints, he properly observes, are simultaneously acting on the two organs, and although the first symptoms are generally noticed in the process of digestion, yet it does not follow that disordered biliary secretion is behind hand in its part of the morbid process that is going forward. We are unable to glean any thing from this chapter, and shall, therefore, pass on to that "on inflammation and organic lesion of the stomach." Mr. A. remarks, that simple and uncomplicated inflammation of this organ is an extremely rare disease in tropical and in cold climates. But the mucous coat is very frequently inflamed secondarily, between the tropics, in consequence of the extension of disease from the liver or other contiguous viscera. Mr. Annesley appears to place faith in the doctrine of Dr. Philip, that the advanced stage of indigestion is that of inflammation. The mode in which he conveys his belief is rather equivocal. "It (inflammation) *supervenes*, we are most thoroughly convinced, to a greater or less extent, in the advanced stages of dyspepsia." This may be the case, but this does not prove that inflammation is the *cause* of the disease. The following short case, which we shall extract verbatim, from page 253 of the work before us, will shew how far the treatment of stomach affections needs reformation in the East.

"CASE.—*Inflammation of the Mucous Coat of the Stomach supervening to Dyspepsia, and terminating in Ulceration.—Dissection.*

"WILLIAM SPARKS, admitted 19th of June, 1815.—Returned from field service much emaciated, and extremely languid. Has been complaining for some time of dyspeptic symptoms, with occasional attacks of fever. Countenance sallow; tongue foul; some purging, without pain; no fulness in the hypochondria; pulse 78; skin warm and moist. Has used wine with tonics.—℞ Mist. amaræ, (infusi gentian. comp.) ℥j.; tinct. cinchonæ, ℥ij.

"22d.—Bad taste of the mouth, with nausea and general sickness; no desire for food; bowels rather open.—Capiat Pulv. ipecacuan. ℈j. pro emetico. Take at 11 o'clock, A.M., Mist. amaræ, ℥jss.; tinct. ferri mur. ♏xij.

"*Evening.*—Threw up some dark, grumous fluid after the emetic; several stools.—℞ Aq. menth. pip. ℥jss.; tinct calumbæ, ℥jss.

"23d.—Feels pretty easy this morning; pulse is slow and languid.—℞ Infus. gentianæ comp. ℥jss.; tinct. ferri, ♏x. twice a day. Continue the wine.

"24th.—Repeat the draughts twice a day, and wine.

"26th.—Takes his draughts and wine; appears to be declining; debility increases; bowels loose. Continue draughts and wine.

"*Evening.*—Seems much worse; some hiccup, and the pulse at the wrist nearly gone; debility extreme. Continue the wine.—℞ Mist. camphorat. ℥jss.; spirit. æther. nitros. ℥ij.; aquæ, ℥vj. M. statim. Blisters to the insides of the legs.

"27th.—Died this morning.

"*Dissection.*—The coats of the stomach were much thinner than natural; the villous coat was found covered with small and numerous superficial ulcerations, which

were still more numerous near the cardiac orifice; they discharged a thin brownish fluid, which was very fœtid; the liver and spleen were sound. The small and large intestines appeared healthy."

Mr. Annesley condemns the practice in this case—and we have no hesitation in affirming, that "the inflammation supervening to dyspepsia," in this case, was induced by the treatment, and had no necessary dependence on the natural progress of the disease itself. But we cannot dwell on the stomach any longer, leaving the disorders of this organ to Abernethy and his followers; while the pathology will be best studied among Continental writers, who pay more attention to dissection than those of our own country.

## Diseases of the Liver and Biliary Apparatus.

It has often been remarked, that hepatitis is much more frequent in the Eastern, than in the Western Tropics. The returns of regimental sick shew that it is at least treble in the former to what it is in the latter. In India, the average annual per centage of liver-complaints, in the different divisions of the army, was estimated at 13 per cent. in the effective strength!

The increased secretion of bile observable in Europeans on their removal to a tropical climate, has been ascribed, by Dr. Johnson, to a sympathy between the skin and the internal organs. The sympathy is admitted by Mr. Annesley, but the doctrine is superseded by one first discovered by Crawford, Lavoisier, &c. and confirmed (as is said) by Dr. Copland, on the coast of Africa—namely, "that the quantity of carbonic acid gas, formed by respiration in a given time, is much diminished in high temperature, and under circumstances which lower the powers of life." This being established, they say, (for it is presumable that Dr. Copland speaks, together with the author) "it becomes a basis on which much *important speculation* respecting the origin of several intertropical diseases may be founded." Thus the diminished formation of carbonic acid gas in the lungs, during a high temperature, must increase the secretion of bile, and so on. We do not deem it necessary to discuss this chemical physiology. There is one little fact past over by the ingenious authors, which, in our humble opinion, proves fatal to this gazeous hypothesis. It is this. After a certain residence in hot climates, the torpid state of the liver is just as evident as the increased function of that organ was in the early residence. Yet the temperature of the tropics does not, we believe, alter, so as to accommodate the theory of one or other party. This fact does not militate against, but rather supports, the doctrine of sympathy between the skin and liver. In the long residenters, when the biliary organ falls below par in function, the skin is in an analogous state—dry and constricted. Our authors have wasted a great many royal quarto pages in the pursuit of these theoretical phantoms, instead of filling them with practical facts, that might turn to better use.

A number of common cases of increased secretion of bile, among newly arrived Europeans, are detailed with much minuteness, and then the treatment of "increased secretion of bile" is entered upon. With every disposition to be pleased with the work before us, we cannot help being grieved to see the systematic author so much predominate over the practical writer. By this procedure, the work has been rather injured, than benefited, for general circulation and use. We could substantiate this position by many extracts. The following quotation, in which the *dilution* of facts by words is really less than in almost any part which we could possibly pitch upon, will suffice.

"During our practice in India, we have had numerous opportunities of observing, in the *post mortem* inspection of those who had died of diseases either immediately seated in the liver, or affecting other organs, the gall-bladder distended with a thick, viscid, and acrid bile, and the ducts running from the secreting granulæ of the liver through its substance to their principal trunk completely gorged with bile of nearly similar characters. In different cases, indeed, this secretion presented different appearances, as regards colour and consistence; but the engorgement of the ducts and gall-bladder was generally remarkable, without any apparent organic change sufficient to account for the circumstance. In the majority of instances, the outlet of the ducts in the duodenum was quite free, and their channels unobstructed, unless the viscidity of the secretion may be viewed as an impediment,*—an inference that seems by no means irrational. Where any obstacle existed, such as narrowing of the ducts, the impaction of calculi in them, or the existence of spasm,—the cause was then evident; but in the absence of all these, the only conclusion we could form as to the cause of this very frequent appearance, was, that the secreting functions of the liver may be so modified in a warm climate, that, in addition to an increase of the biliary secretion, this fluid itself may be retained and accumulated in those parts of the apparatus which admit of the retention. Attentive observation of the phenomena, marking the origin and progress of the diseases of the liver and bowels, and of the various types of fever, has further confirmed our opinion as to this particular point, and convinced us that this state of function actually obtains at the commencement and during the progress of these disorders, more frequently than is supposed, and is actually oftener present at these periods of ailment than in the last or fatal stage of disease; and that it is not only met with as a symptom or concurrent phenomenon in these disorders, but as an ailment *sui generis*, the disturbance observed in the system being the result of this cause, or arising from the irruption of the long-retained bile into the alimentary canal.

"During an increased secretion of bile, if any momentary impediment come in the way of the flow of this fluid, either in the course of the common duct, or at its outlet, a copious regurgitation of it into the gall-bladder, and accumulation of it in the biliary ducts, must be the consequence; and if the obstacle placed in the way be either partial or complete, or of short or long duration, the accumulation will be in proportion to its extent and duration, and the copiousness of secretion. If the secretion be going forward abundantly, an obstacle, partial in its operation and of short continuance, will give rise to a great accumulation in the gall-bladder, and in the liver itself. If the secretion be natural, or even less than natural, a more com-

* "We have frequently seen, upon the examination of bodies which had died of different diseases, the gall-bladder loaded with bile of a dark-green colour, and so thick and viscid, that it could scarcely be forced through the ducts by squeezing the gall-bladder, although a blow-pipe or probe would pass readily along them, shewing that the obstruction was then owing to viscidity alone. Doubtless, spasm, or other more permanent obstruction, will frequently arise, as we shall have occasion to shew in the sequel."

plete or long-continued impediment opposing its discharge into the duodenum will have a similar effect. Thus, in recruits and other strangers to the climate, on their arrival in India, when the biliary secretion is much increased, *the temporary obstruction produced by exposure to currents of cool air, to wet, and by eating indigestible and hurtful substances, &c. often occasion the most formidable symptoms of disease, and when the obstruction is overcome, an immense quantity of vitiated bile is passed.* On the other hand, temperate persons, of regular habits and good conduct, are not so liable to these kinds of derangements, and suffer less severely from them when they occur. It is also reasonable to suppose, if the gall-bladder and ducts be over-distended with the accumulation of bile within them, that their vital contractility may be weakened, and that they will be the less able to re-act upon the distending power; and thus the evil will be increased, until that degree of constitutional disturbance be excited by the morbid distension, or until some internal or external cause supervene, which shall enable the organ to throw off the load which oppresses it, and discharge its morbid secretions."

To say nothing of the vague reasonings in the foregoing quotation, what, we ask, becomes of the carbonic theory about the *increased secretion* of bile from atmospheric heat? Here we have currents of *cool air*, *wet*, *&c.* not checking the secretion, as it ought to do—no, it has not the least effect of that kind—it only checks, by some theory unexplained, the *exit* of the bile from the liver and gall-bladder. Now, the plain matter of fact appears to be, that the exposure to wet and cold checks both the perspiration and biliary secretion, and when reaction takes place—in other words, when these secretions are restored, there is a redundancy of both fluids, as a necessary consequence. We think it would be difficult to adduce a passage from any work, so pregnant with gratuitous assumptions as the following.

" The obstructions which generally *occasion accumulation of bile* in the apparatus concerned in its secretion and discharge, seem to be whatever suddenly *diminishes the vital influence of the organ* or the system generally; as exposure to terrestrial and morbid exhalations, sudden chills, the depressing passions, the use of cold fluids and ices when the skin is perspiring, &c. Spasm of the common ducts may arise from these and other causes, and produce more completely the same effect. *A weakened state of the digestive organs, particularly of the duodenum and stomach, may also be productive of accumulation of bile, by furnishing a copious supply of ill-digested chyle, abounding with the elements whence bile is formed;* while, at the same time, the debility which these viscera experience extends itself to the gall-ducts and bladder; and the emulgent operation, usually produced by a healthy and active function of the duodenum, no longer takes place, or, if at all, in a lesser degree. *The accumulation of mucus on the internal surface of the duodenum may also obstruct the mouth of the common duct,* and prevent the flow of bile into the alimentary canal, until this obstruction be either overcome or removed."

But enough of hypothesis. The signs of accumulation in the gall-bladder or biliary ducts, cannot always be depended on, especially when viewed separately; but, taken in connexion, Mr. A. thinks they may be duly estimated by an experienced practitioner.

" The earliest symptoms of which the patient generally complains, when he attends to his sensations and state of health, are, clamminess and foulness of the mouth, fauces, and tongue, with a bitter taste, particularly in the morning; a sense of distension and weight at the epigastric region and at the præcordia, frequently with a sense of coldness and sinking in the same situations; slight anxiety; acid

and acrid eructations about three or four hours after a full meal, with painful fulness at the epigastrium, and difficult digestion. The patient often complains of headach, pain in the back or loins, uneasiness under the shoulder-blades, fulness and pain in the region of the liver, particularly when pressure is made at the time of his taking a full inspiration; and of aching in his knees, shoulders, and limbs; his countenance being pale, sallow, or muddy, and the conjunctivæ more or less tinged of a yellowish hue. The state of the pulse is different in different cases. It is often slow and full, and sometimes it is irregular in frequency and strength; occasionally it intermits, and not infrequently becomes quick, but oppressed upon the least motion or exertion. The urine is generally high coloured, and depositing a brownish sediment. The stools are often costive, sometimes light or clay-coloured, and frequently tenacious. When the accumulated bile is discharged into the alimentary canal, much constitutional disturbance then generally arises, according to the qualities which this fluid may have acquired from its retention. The pulse now becomes quick, and often irregular; vomiting and purging, with griping, pain, and anxiety, often supervene, sometimes with spasms. Thirst becomes urgent, and the tongue, which was before foul, is now excited, often dry, and its papillæ large, distinct, and erect."

The ultimate *effects* of these accumulations and subsequent overflowings of vitiated bile, will be various in different individuals. In one it will produce simple bilious diarrhœa—in another, sporadic cholera—in a third, simple dysentery, or inflammation of the bowels, or even the stomach, when the bile regurgitates into that organ. In some instances, though not very frequently, the inflammation will be found confined to the duodenum, as was verified by the following case and dissection.

"A female, leading an irregular life, came into hospital complaining of all the symptoms of bilious accumulations of a morbid character, with much debility, a broken-down constitution, quick, feeble, and fluttering pulse, nausea, and vomiting of dark-green bilious matters, slight purging of dark bilious and fluid motions, coldness of the surface, sunken countenance, and pain and anxiety at the pit of the stomach and right side. Blisters were applied to the epigastrium; laxatives with ammonia were given internally, and enemas of an aperient and cordial kind thrown up. She died soon after admission, and the body was inspected within twelve hours after death. Upon examining the alimentary canal from the œsophagus to the rectum, and exposing its internal surface throughout, the duodenum was found highly inflamed from the pylorus to the jejunum, the upper portion of which latter was also inflamed. A part of the duodenum, a little below the entrance of the ducts, was sphacelated. A few red points were observed in the stomach and other parts of the alimentary canal; but these were not more numerous or extensive than what are often remarked in cases of death from diseases in which the functions of the alimentary canal were unaffected. The portal veins were turgid; the liver somewhat enlarged. There was no other morbid appearance."

The presence of vitiated bile in the duodenum sometimes occasions an alarming state of depression and prostration of the vital energies—especially in nervous and melancholic temperaments. Mr. A. thinks that, in those cases where the natural functions of the bowels have been impeded by accumulations of viscid bile, "the irruption of morbid bile is productive of much less constitutional disturbance, and is even beneficial, inasmuch as it detaches this matter from the mucous surface, and leaves it free and unencumbered in the performance of its functions." Cases in illustration of biliary accumulations are detailed, and the author next proceeds to a new section.

### Congestion of Blood in the Liver.

This Mr. A. supposes to be a much more frequent occurrence in this as well as in tropical climates than is imagined. He conceives that it is present in the early stage of the majority of febrile diseases—particularly those which are idiopathic—and that it is not generally overcome until after the stage of excitement has been fully formed. The rationale of this state of hepatic congestion is substantially the same as was given by Dr. Johnson many years ago—namely, the peculiarity of the portal circulation, with reference to the general circulation. Mr. Annesley conceives that this hepatic congestion not only plays an important part in fevers and many other inter-tropical diseases, but leads to hepatic inflammation, the great scourge of Europeans in India.

"We have already alluded to the existence of congestion of the liver, during the progress and decline of other diseases. This is particularly remarkable in the history of the dysenteries of India, and in the remittents, intermittents, and continued fevers of that country, and indeed of other intertropical regions. Even in the dissection of those cases which terminate fatally, whether from fever of whatever type, from dysentery, from cholera, either simple or epidemic, or from disorders of the other abdominal viscera, and even in those more particularly affecting the head or chest, great congestion of the vessels of the liver is not infrequently observed. Nor can the appearance be considered more the consequence of death, or of the changes immediately preceding dissolution, than previously existing disorder; for the attentive observer may often remark the signs usually characterising congestion of the liver, during the life of the patient, or may trace an obvious connexion between this condition of the viscus and the disorder of which the patient died."

The anatomical characters of this congestion of liver are well illustrated by plates, which, from the size and price of the work, are unfortunately beyond the reach of the profession generally. We may shortly state that the viscus is usually much increased in size, particularly the right lobe, and in a direction upwards into that side of the thorax, forming a large segment of a circle. The colour of the organ is generally changed by the congested state of its vessels, and seems to depend on the particular sets of vessels which are the seat of this plethora, and also on the absence or co-existence of accumulations of bile in the ramifications of the hepatic ducts.

"In some cases, the surface of the liver is of a darker brown than natural, almost amounting to black, greenish-black, or bottle green, and this deep colour in some instances passes very abruptly into a reddish or light-brown tinge. Sometimes the surface of the congested liver is variously mottled, or marbled, and occasionally it is streaked and clouded, of a yellowish-brown, greenish-black, or yellowish-green hue. These shades of colour are generally more remarkable upon its upper or convex surface, but they are often observed upon the concave surface, and are quite independent of any effects which may have been produced by the bile contained in the gall-bladder. Sometimes the surface of the liver is very dark; and yet, upon cutting into its substance, the subjacent texture is of its usual colour.

"When cut into, the substance of the liver is, however, generally darker than usual, and gives out a large quantity of dark fluid blood: but in regard to fluidity, there is much difference, according to the period which has elapsed from the time

of death to that of inspection. In India, where the *inspectio cadaveris* is usually made a few hours after death, the blood is observed, in cases presenting congestion of the liver, of a fluid or semi-fluid, or thick consistence, and of a very dark colour. The portal vessels and the hepatic veins are the seats of congestion, and it is often difficult to say which of the two sets of vessels presents this appearance to the greater extent, or more frequently; but we believe that the hepatic vein is more generally congested in the greater degree. In many cases, the congestion of the blood-vessels and accumulations of bile in the biliary ducts, although existing to a great extent, are insufficient to account for the very great increase of the size and weight of the liver, shewing that these appearances are often connected with augmented size of the viscus, independently of the extent to which they could have increased its bulk, and of any organic disease. On some occasions, congestion and accumulation of bile have been considerable, without any very marked augmentation of size; but more generally, congestion of the blood-vessels, particularly when associated with accumulations of bile in the biliary ducts and gall-bladder, gives rise to increased size of the liver; and such increase is often in relation to the extent to which congestion of the blood-vesels and biliary ducts obtains."

The appearances of the bile are various. Sometimes it is pale, deepening, in different subjects, from a straw colour to an orange—and from that down to yellowish green—green—dark bottle green, &c. In the lighter shades the bile is generally most fluid, and *vice versâ*. Upon making slices of the congested liver, the divided mouths of the distended ducts appear rounded or oval, according to the direction of the incision—and, in some instances, small granular or miliary calculi are found in the ducts. In cases presenting the greatest degrees of congestion and biliary turgescence, the viscidity of the bile appeared to our author to have given origin to the formation of these small calculi in the substance of the liver. The cystic bile, in these states of congestion, is generally of a green colour of various shades and consistences.

The above morbid appearances are often seen accompanying organic diseases of this viscus.

The *symptoms* which denote, in the living body, these congested states of the biliary vessels, cannot be individually depended on. They must be viewed in connexion.

"When, however, the countenance is pale, anxious, inexpressive, sallow, of a dark or muddy hue; when the tongue is covered with whitish or yellowish-white fur, or otherwise loaded; when the bowels are costive, or when the stools are morbid, dark, and watery, with griping and tenesmus; when the digestion is difficult, attended with nausea, or when the appetite is diminished, and the patient complains of pain and oppression at the scrobiculus cordis, particularly after a meal, with flatulence, borborygmi, and oppressed breathing, and a difficulty of filling the lungs to their utmost; when the skin is cool, clammy, and foul, or of a dark muddy tinge, with irregular chills, sometimes approaching to rigors; when pain, fulness, weight, and oppression, are experienced in the region of the liver, and at the epigastrium, or across the shoulder-blades, or beneath the scapula, and have supervened suddenly; when the uneasiness in those situations is increased upon a full pressure and full inspiration; when the pulse is full, slow, and irregular, or when it is quick, but oppressed; when there is headach, restlessness, disturbed sleep, with unpleasant dreams; and when the urine is turbid, or presenting a muddy sediment,—we may infer that congestion of the vessels of the liver is actually present."

It must be remembered that all, or even the majority of these symptoms are

not to be expected in the same individual, although many of them may be recognized in different grades. The state of the pulse is very variable, and not to be depended on. Mr. Annesley thinks that, although pain, oppression, weight about the epigastrium, or under the scapulæ characterise, in general, inflammation of the substance of the liver, yet that these are often marks of congestion also—especially when they supervene suddenly, and are attended with many of the symptoms already described. Inflammation does not arise or reach its acmé in a few hours, but congestion may. Neither can pain, he thinks, be always considered indicative of inflammation, since the membranes of the liver are put on the stretch by congestion. The causes of this congestive condition of the biliary organ are those which have been already portrayed—high atmospheric temperature—too much animal food—too highly seasoned dishes—" indolence and insufficient exercise in the open air"—inordinate use of spirituous liquors.

### Torpor of the Liver.

We were rather surprised to find this section rise in view, after the brilliant doctrine of increased secretion of bile on carbonic acid principles. The torpid condition of this apparatus, however, could hardly have escaped the notice of Mr. Annesley, though both he and his hypothesis manufacturer appears sadly at a loss to account for the phenomenon. After a great deal of physiological and pathological speculation, the meaning of which is far beyond our comprehension, we come to the pith of the business, in the following short passage.

" Torpor of the liver, then, may arise simply from a diminished or exhausted energy of the secreting functions of the organ; and, from this state, complicated with accumulations of bile in the biliary ducts and gall-bladder, and with congestion in the blood-vessels of the organ; the former state of disorder gradually superinducing, and becoming complicated with, the latter derangements."

Torpor of the liver, Mr. A. observes, is generally complicated with dyspepsia—" and not unfrequently originates in that disorder." As the increase of the secretion was accounted for by the diminished production of carbonic acid gas in the lungs, we wonder that Mr. A. and Dr. Copland did not try to connect the diseased secretion with some modification of the same doctrine. Instead of the carbonic theory, the following explanation is given, which indicates that the doctrine of sympathy was not entirely annihilated in their minds.

" Over-excitement, also, of the perspiratory functions, from long-continued marches, fatiguing exercises, and too warm clothing, is not infrequently productive of considerable exhaustion of the secreting actions of the liver, and often disposes it to torpor, venous congestion, and accumulations of bile in the biliary ducts, *upon the slightest exposure to cold, to moisture, to the impression of malaria,* and when the depressing passions are brought into operation, or when hurtful or indigestible matters are taken into the stomach."

Whether those exposures to cold, moisture, malaria, &c. do not influence the cutaneous secretion, we leave to our readers to determine. The symptoms indicative of this torpid state of the biliary organ are next delineated. It is acknowledged that these symptoms are not always so unequivocal as could be wished.

"If, however, we find the patient to complain of want of appetite, drowsiness, with pain over the eyebrows, lowness of spirits and hypochondriacal feelings, dark and high-coloured urine, a costive state of the bowels, and pale or clayey motions, a dark or sallow countenance, wasting of the flesh, slow and painful digestion, with the symptoms noticed in a previous section as constituting diminished function of the stomach, flatulency, particularly of the bowels, without any evident fulness or enlargement in the region of the liver, but with a bitter or disagreeable taste of the mouth, and a loaded state of the tongue, particularly in the morning,—we may reasonably infer that the functions of the liver are inadequately performed; but it is by no means so easily to be determined whether or no such torpor is the result merely of diminished function, or of change of the structure of the organ, unless we are acquainted with the patient's habits and the nature of his former ailments. When the foregoing symptoms occur in one addicted to the use of spirituous liquors, or in one who has resided long in a warm climate, and suffered former attacks of hepatic disease, then the latter alternative may be more reasonably inferred."

After detailing a sufficient number of cases illustrative of this torpid state of liver, Mr. A. proceeds to the treatment of these functional disorders of the biliary apparatus. This may be summed up in a very concise manner. Where plethora exists, and the patients have been living too free, blood-letting is recommended, as the first step—and local depletion afterwards, if necessary. The antiphlogistic system should be strictly adopted, and the bowels to be kept well cleared by purgatives. Where sickness and bilious vomitings obtain, warm water is ordered, and afterwards a brisk dose of calomel. Even when all the morbid secretions are cleared away, Mr. A. recommends a full dose of mercurial at night, with aperient draughts in the morning, with the view of changing the secretions of the liver, and effecting a healthy flow of bile. If the mouth becomes affected, under this treatment, "a healthy state of function of the liver is the more likely to supervene speedily." It is not the object, however, of Mr. A. to affect the mouth by mercury. In many cases, where the rush of vitiated bile into the duodenum occasions distressing symptoms, cordials will be necessary before the purgative plan is put in force. In respect to that form of disorder, which has been termed torpor of the liver, Mr. A. found a full dose of calomel at bed-time, followed by a bitter aperient medicine in the morning, the most beneficial practice, with blisters over the epigastric or hypochondriac regions. After a few days of this treatment, the pilula hydrargyri combined with the pil. alois. cum myrrha, is prescribed at night, with the bitter aperient in the morning. The practitioner is warned against the exhibition of tonics and stimulants for the apparent debility which accompanies these biliary derangements.

This carries us through full half of this immense volume, and to the end

of functional disorders of the biliary apparatus. In another article we hope to afford our readers a general view of the remaining chapters dedicated to inflammation and to various organic diseases of the liver. We shall withhold any general observations on the work till the close of our analysis, hoping by that time to enable every reader to judge for himself. We cannot help, however, again expressing our regret, that the letter-press of this volume should have been so very much expanded by disquisitions that might have been spared, and by didactic precepts far too much spun out. It is probable, indeed, that the talented author may think it much better to be needlessly minute than unsatisfactorily brief. On this point he may be right and we may be wrong.

## XVI.

*An Essay on Diseases of the Jaws, and their Treatment; with Observations on the Amputation of a Part or Whole of the Inferior Maxilla, &c.* By Leonard Koecker, Surgeon-Dentist, Doctor in Medicine and Surgery, &c. &c. 8vo, pp. 95. London, 1828.

The author of this little Essay is a very ingenious and scientific dentist—a regular graduate of medicine and surgery, and therefore more acquainted with medical science generally than most of the professors of dental surgery. That this extended acquaintance with the structure, functions, laws, and diseases of the human frame has not tended to make him the less a good dentist, we have the very best means of knowing—and a long and successful practice of this branch of his art in America, where diseases of the teeth and neighbouring parts are still more prevalent than here, has afforded him the most ample means of studying all the minutiæ of dental surgery, with the greatest advantage. We can confidently assure our readers, that both the author and his book are worthy of professional patronage, and we hope that patronage will not be withheld because he is a foreigner. As this Essay lies in a small compass, and embraces many interesting points of general as well as special surgery, we recommend it in the original to our readers, and shall only offer a very short analysis of its contents in this place.

In some preliminary remarks, Mr. K. has criticised, with great candour and amenity, certain opinions of Hunter and Fox, respecting diseases of the antrum and maxillary bones. Thus Mr. Hunter, in treating of diseases of the antrum inclines to the opinion, that they originate from an obliteration of the duct leading to the nose; whereas the closure of this duct is the consequence, and not the cause of the antral inflammation.

"His proposed plan of perforating the partition between the antrum and the nose, as well as of opening the inside of the lip, is not only entirely useless in a curative view, but likely to increase the disease; and very probably such treatment would never have been successful, even in the first stage of the disease, had it not been combined with better remedies, which, however, from some unhappy prejudice, or erroneous principle, were considered as secondary means, and seldom adopted until the patient had previously been subjected to painful and unnecessary operations."

Mr. Fox follows the same opinion, and observes that,

"Inflammation in the antrum is often occasioned by diseases of the teeth, but it also occurs when the teeth are quite sound. Sometimes in examining the prepared bones of the head, one or more fangs of the large molares may be found passing into the cavity. In such a case, inflammation excited by a diseased tooth is speedily communicated to the membrane lining the cavity and causes suppuration."

These views Mr. K. avers to be completely erroneous.

"The fangs of the large grinders, or, indeed, of any other tooth, never enter into the cavity of the jaw in the living subject, so long as they are possessed of vitality. Such appearances observable in anatomical preparations result from the bony structure surrounding the points of these fangs having been destroyed by the boiling or maceration in acids, or other processes, to which the maxillæ had been subjected in order to clean them from their soft parts.

"Whenever the fangs have passed into the cavity of the antrum, previously to death, they will always, together with their respective bodies, be found to have lost their vitality, the connection between them and the dental artery and nerve, the means of supporting that vitality, having been previously lost; in this state the irritation of the dead fangs produces an absorption of the osseous structure of the jaw immediately surrounding them; and occasionally inflammation and suppuration take place in what may be regarded as comparatively an early period of the disease."

Mr. K. declares it as his firm belief, the result of long experience, that diseases of both the upper and lower jaw are almost always brought on by some previous disease—disorder of the teeth, or of the parts immediately related to them.

Diseases of the maxillary bones, though not perhaps so common in this country as on the Continent, and in America, are yet by no means rare. Mr. K. has met with many instances during his residence in this metropolis, and refers to two cases successfully treated by him, that were recommended to his care by Mr. Lawrence. After enumerating the symptoms of diseases of the jaws, Mr. K. offers the following etiology.

"The proximate causes of these diseases are, as far as my experience has enabled me to judge, inflammation, suppuration, and mortification, commencing in the alveoli and the periosteum, and thence extended and communicated to the osseous structure, and the lining membrane of the cavity of the jaw.

"The exciting causes are, not only those already stated as the proximate causes of the disease, but also all diseases of the teeth, alveoli, periosteum and gums; as also dead and loose teeth, and decayed roots, or stumps of teeth, and tartar; all of which will be generally, more or less, observed to accompany the diseases of the maxillæ."

These local causes are, of course, aggravated by all constitutional derangements, whether of an acute or chronic nature—and also by all irregularities of diet and other debilitating causes. The unskilful and severe operations too often performed on the teeth, are not to be overlooked in the chain of causation.

After commenting on various modes which have been employed for destroying the vitality of the teeth, Mr. K. makes the following remark on an operation now in vogue.

"But the operation of breaking or cutting off the crown of painful teeth, which the inventor calls excision, is nothing less than an amputation, by violent means, and cannot be adopted from any other cause than a culpable timidity on the part of the patient or the dentist, who are thus led to substitute it for the necessary extraction of the teeth, without even preserving the only useful and essential part, viz. its crown. It unquestionably effects, although not either without pain, or so

instantaneously as it is asserted, a destruction of the vitality of the remaining roots or stumps which then become extraneous bodies; the permanent irritation of which, however, must tend to excite disease and induce mortification not only in adjoining parts, but also in the remaining teeth and gums, not to mention the very great and dangerous irritation produced at the same time upon the whole nervous system.

"Should this be doubted, I beg to refer every medical and surgical reader to a careful examination of the parts which will evidence the fact; for it will be found, that, in a hundred jaws containing roots or stumps without one single exception, the parts contiguous to the roots exhibit some marks of disease or mortification; unless, indeed, the teeth have been broken after the death of the subjects from which the bones are taken."

Our author observes, that when the expulsion of the roots of teeth is left to the slow efforts of Nature, "a total destruction of the alveoli is the inevitable consequence, and not unfrequently very considerable portions of the bony structure of the jaw will perish through the diseased action." If the tooth be timely removed, not more than the extreme process of the alveoli is generally absorbed.

We must pass over the sections on inflammation and suppuration of the maxilla, fistulous perforations, malignant cancerous affections, &c. and shall merely give a summary of one of the cases detailed in the work.

*Case.* Capt. M. of the East India Company, had laboured under a distressing and complicated disease of the mouth, from an excessive use, or abuse, of mercury, at Calcutta, eleven months previously. On his arrival in England, he went to Mr. Lawrence, who directed him to our author, 26th June, 1826.

"The patient was a tall, well-formed, handsome young man, about twenty-one years of age. According to his own statement his health was originally excellent, and his constitution strong, and only one year previously he was in the possession of a complete set of teeth, they, as well as all their contiguous parts being perfectly sound, regular and beautiful; this was still evident, from the appearance of the remaining parts, which in the morbid and dead state evinced the most striking evidence of their previous perfection.

"All the teeth, although entirely free from caries, or any disease of their bony structure, were now perfectly dead, and only mechanically held in their sockets. The periosteum was also totally destroyed, either by absorption or corrosion. The alveoli were not only dead, but in a state of putrefaction, their upper edges all round the semicircle of the mouth being from an eighth to a quarter of an inch exposed, and exhibiting from their cadaverous appearance a very frightful aspect. The gums were partially destroyed, and the remaining portion of them either gangrenous and sloughing, or in a state of inflammation and suppuration. The disease had already extended to the maxillary bones, and their osseous structure as well as the periosteum of their cavities was more or less under the influence of inflammation, suppuration, and mortification; but more especially the left side of the upper jaw, which was already much increased in size, accompanied with a correspondent swelling of the cheeks. The face was flushed, and the skin had a bloated, erysipelatous appearance, and the patient suffered excessive pain of the whole mouth, the jaw-bones and other parts of the head, as well as of other more remote parts of the system.

"There was a constant flow of viscid ropy discharge from the mouth, like that of great salivation, mixed with greenish matter, and accompanied by a fœtid cadaverous odour, emanating from this fluid and the dead and morbid parts, and so exceedingly offensive as to be almost insupportable to the bystander."

The malady was greatly aggravated by numerous adhesions of the muscles of the jaws to each other, by which almost all power of moving the under jaw was lost. In consequence of this, the teeth were mechanically pressed into their dead sockets, and the absorption and exfoliation of these last much retarded.

In addition to these evils, the almost complete closure of the mouth had prevented the patient from taking any solid food for a long time. He was, therefore, excessively debilitated and nervous. The indications were, to relieve the inflammation of the surviving osseous and soft structures, by promoting exfoliation of the carious sockets and other bones, and more especially by the removal of all the dead teeth. This was a difficult matter as may be readily imagined. All the dead teeth and sockets, however, were removed by Mr. K. and Mr. Lawrence, and, by the middle of August, he was able to set off to visit his friends in the country.

As teeth are equally ornamental and useful in this world, and as we believe that bad teeth produce a number of derangements which are little suspected as to their origin, we recommend the present, and the former work of our author, to the candid consideration of the public.

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## XVII.

*On Nervous Affections of the Heart and Vessels.* By the late M. LAENNEC. [Forbes' new Translation.]

As it is our intention shortly to dedicate an article to organic diseases of the heart, and as that article must necessarily be a very extensive one, we take this opportunity of touching on what the illustrious pathologist above-mentioned has denominated "NERVOUS AFFECTIONS" of the Central Organs of the Circulation and its great Outlets. M. Laennec justly observes, that the study of pathological anatomy has not been unattended with the disadvantage of blinding a considerable proportion of students and practitioners to every thing but organic lesions—to all affections of the nerves—to all changes in the fluids. "Nevertheless, (says he,) we are bound to admit, that every disease in which we can discover no constant lesion of the solids, nor evident alteration in the fluids, must consist in some disorder of the nervous influence." Of this class are several cardiac and arterial affections, which we are now to notice.

### I. NEURALGIA OF THE HEART.

It is by no means uncommon to hear people complain of pains in the region of the heart, resembling rheumatic or neuralgic affections, and which are too frequently set down by inattentive practitioners as organic diseases.

"Sometimes these pains are confined to this spot, but frequently they extend at the same time, or vicariously, over a greater or less portion of the lungs and stomach. Sometimes they exist simultaneously in the superficial cervical plexus, and extend along the tract of the branches supplied by this to the anterior parts of the thorax; still more frequently, at the very time they are felt most severely in the heart, they shoot with corresponding violence along the nerves of the axillary plexus, and more particularly along the brachial nerve to the elbow, and sometimes as far as the fingers. When this is the case, the affection is confounded with a nervous disease which, during the last twenty years, has been the object of much discussion, and seems to me only a variety of the neuralgia in question. This disease is the

*angina pectoris*, which is very remarkable, and very distressing, when it exists in a high degree, but which is far from possessing the degree of severity attributed to it by many authors."

Laennec first describes what has been called angina pectoris, before he discusses the English pathology of the disease—namely, change of structure in the heart. The following concise description of this dreadful disease is deserving of record.

"The attack commences with a sense of pain, pressure or constriction in the cardiac region or at the end of the sternum. There is at the same time a numbness, occasionally attended with pain in the left arm; rarely in both arms or in one half the body; more rarely still in the right arm only; and sometimes in all the limbs. The painful sensation is particularly felt on the inner side of the arm, as low as the elbow; and sometimes, as already mentioned, it shoots still further down. It is not unusual for the patient to suffer, at the same time, from pains over the fore part of the left chest; and in the female, these sometimes so affect the mamma that the slightest pressure becomes painful. Sometimes, particularly when the paroxysm is severe but short, the patient feels as if the same parts were pierced by iron nails or the claws of an animal. There are also pains in different points of the chest, dyspnœa (in extreme cases suffocative orthopnœa,) violent palpitations, congestion of blood in the head, and sometimes syncope or convulsions. When the attack is over, the patient merely retains a slight feeling of these various symptoms, particularly the numbness of the limbs, the left more especially."

It is well known, that Heberden and Parry attributed this peculiar disease to ossification of the coronary arteries—and this opinion has been embraced by several others. Nothing, however, can be more erroneous than this doctrine. Not one case in ten will be found to present this alteration—and, what is more, the symptoms of angina pectoris are seldom present in those cases where the ossification is found. The general belief in England, Italy, and Germany, is, that the said train of symptoms is dependent on some organic lesion of the heart—that the disease is almost always fatal. Laennec is of a different opinion.

"Angina pectoris, in a slight or middling degree, is extremely common, and exists very frequently in persons who have no organic affection of the heart or large vessels. I have known many individuals who had suffered a few very severe but short attacks of it, and had had no further return of it. I am even of opinion that the prevalent type of disease influences its development, as I have some years met with it frequently, and hardly at all in others. On the other hand, it is certainly true that this affection frequently coincides with organic diseases of the heart; but nothing proves even then that it depends upon such diseases, inasmuch as they are of various kinds, and as the angina exists without any of them. I have examined several subjects who had laboured under this disease, and in whom there coexisted either hypertrophy or dilatation of the heart; and in none of these did I find the coronary arteries ossified. One of these died suddenly during an attack of angina; and such a result need not surprise us, when so severe a nervous affection coexists (as in this case) with extensive hypertrophy. Dr. Desportes, in a dissertation published some years since, has stated opinions very analogous to mine, respecting the nature and seat of this affection: he considers its site to be in the pneumo-gastric nerve. I conceive that the site of the disorder may vary, according to circumstances. For instance, when there exists, at the same time, pain in the heart and lungs, we may presume that the affection is principally seated in the pneumo-gastric; on the other hand, when there is simply a sense of stricture of the heart, without pulmonary pain or much difficulty of breathing, we may consider its site to be in the nervous filaments which the heart receives from the grand sympathetic. Other nerves are also simultaneously affected, either by sympathy or from direct anastomosis; for example, the branches of the brachial plexus, particularly the cubital, are almost always so; the anterior thoracic originating in the superficial cervical

plexus, are also frequently affected; and this is also sometimes the case with the branches derived from the lumbar and sacral plexuses, as we find the thigh and leg now and then participating in the pain and numbness. I have even seen the affection confined to the right side of the thorax. In this case the pain and numbness extended to the arm, thigh, and spermatic cord of the same side, and the testicle became swollen during the paroxysms. There was scarcely any pain in the region of the heart; but the attacks were attended by severe palpitation, without any sign of organic lesion of the heart."

The character of the symptoms, M. Laennec thinks, confims this opinion. We know that neuralgiæ of the most unequivocal kind, as sciatica and tic doloureux, give rise to the same variety and species of effects as angina does—namely, acute pain, painful torpor, simple numbness along the tract of nerve, and sometimes spasm of the parts to which the nerves are distributed.

It would be useless to discuss the various opinions on this disease, which have been broached by different writers, since the time of Parry and Fothergill. Dr. Forbes is inclined to agree with Hosack, that the disease "most frequently arises from a plethoric state of the blood-vessels—more especially from a disproportionate accumulation of blood in the heart and large vessels." Dr. F. observes also that, "in persons subject to this complaint, in whom no severe organic disease of the heart existed, he has generally found, by auscultation, that the organ was possessed of thin parietes and feeble powers." It would require a very long life, and a very extensive experience, to speak generally, and with much confidence, on the pathology of angina pectoris. Not more than three or four opportunities have occurred in our own practice, of examining, post mortem, those who have fallen victims to the disease. In only two, was there ossification of the coronary arteries, and, in these, there were other organic lesions. In all the cases, there was a flabby, soft state of the muscular structure of the organ, whether or not accompanied by much fat. But we have seen several cases, unaccompanied by dissection, where there were strong reasons to believe that the disease could not be fairly attributable to ossification of the coronary arteries—and we have found this state of vessels in several subjects, where there was no symptom of angina pectoris before death. The impression on our own minds is, that the nerves of the heart are implicated in the pathology of the disease. The wasting and flabby structure of the organ are, in themselves, rather favourable to this doctrine. We see the muscles of a limb waste and become flaccid, where neuralgia, for example, sciatica, has long obtained. In short, wherever PAIN is a prominent symptom in any complaint, we have a fair right to conclude, that the nervous system of the organ is implicated in the pathology. That the symptoms included under the term angina pectoris may proceed from other causes than affection of the nerves, we will not deny—or at least that various organic derangements may be found after death; but, as the paroxysms come on like those of apoplexy, at various intervals, the organic change necessarily remaining the same, it is reasonable to infer, that the ostensible change of structure detected by the scalpel is rather the predisposing, than the direct occasional cause of the paroxysm. A determination of blood to the head, where there is disease of structure in the brain, will bring on the attack of apoplexy—and so a neuralgia may induce a paroxysm of angina pectoris, where there is already some defective structure in the part. The following therapeutical extract is rather curious.

"The means which I (Laennec) have found most successful in relieving neuralgia of the heart, whether existing in so violent a degree as to be named angina pectoris,

or only under the form of slight pains confined to the heart, are those formerly mentioned in the case of neuralgia of the lungs, and especially the magnet. This I use in the following manner: I apply two strongly-magnetized steel plates, of a line in thickness, of an oval shape, and bent so as to fit the part,—one to the left precordial region and the other exactly opposite on the back, in such a manner that the magnetic current shall traverse the affected part. This method is not infallible, any more than others employed in nervous cases; but I must say that it has succeeded better in my hands in the case of angina than any other, as well in relieving the paroxysm, as in keeping it off. Magnetism was, perhaps, too much cried up by some medical men in the last century; but I am of opinion that it is too much neglected at present. That it acts on the animal system, is sufficiently proved by the fact of its giving rise not only to very obvious general effects, but even to local ones. In the case in question, after a certain time it most commonly produces an eruption of small pimples, which are sometimes so painful as to oblige us to interrupt the process for some days. This effect cannot be attributed to the action of the oxidized plates on the skin, as the eruption almost always takes place under the anterior one: and I have observed similar results from plates applied over the abdomen and loins. By means of these plates (applied to the epigastrium and spine) I stopped, at once, a hiccup which had lasted three years. At the end of six months, the patient having one morning neglected to put on the plates, the hiccup returned; but was removed upon their being replaced. In another case in a patient affected with imperfect paraplegia, without any sign of structural lesion of the spine, and for which moxa had been used without success, I inserted, to the depth of half an inch, a needle near the vertebral column and another into the thigh near the external popliteal nerve, and connected these by means of magnetised rods; and at the very instant of contact, there occurred an involuntary dejection, which had never previously happened to the patient. In the angina when the magnet gives but little relief simply, this is sometimes found to be increased on applying a small blister under the anterior plate. During the paroxysm, if the oppression is considerable, we must bleed the patient, if he is at all plethoric. Leeches applied to the epigastrium or cardiac region sometimes give more relief than venesection; but sometimes their application is impracticable from the extreme agitation of the patient. Derivatives are also beneficial, particularly sinapisms to the lower extremities and blisters to the fore part of the chest; as are also antispasmodic medicines, with the infusion of cherry laurel or digitalis, and also the fetid gums. A mild regimen, with the use of the tepid or cold bath, according to the season, are among the best means for preventing a return of the paroxysm."

As to the magnetic treatment, we cannot say any thing from personal observation. The management of the paroxysm must be very different from the treatment during the intervals. Those who have witnessed a severe attack of this terrible disease, can never forget it. The sufferings of the patient must be dreadful. The respiration is sometimes threatened, and the rattling in the throat induces us to draw blood in order to prevent immediate suffocation. In other instances, the breathing appears but little affected, and a cessation of the circulation seems impending, and we are forced to administer cordials. In almost all cases, anodynes and ether, with camphor, are necessary. In the intervals, quietude and temperance, with tranquillity of mind, would be the surest prophylactics—where, alas! are these to be found in this world? Those who have not real woes are tormented with imaginary ones—or, at least, woes of their own creating. Within these very few weeks we witnessed a most distressing case of this disease, which has made a strong impression on our minds, and harrowed up the recollection of several other instances of this deadly malady.

The patient (General B——) was on the borders of 80 years; but remarkably healthy, hale, and vigorous for that advanced age. He was of a very florid complexion, and plethoric constitution—had resided long in a tropical climate—

and was addicted to the pleasures of the table, not amounting perhaps to what might be called intemperance. Up to within a very few weeks of his death (February, 1828) he took active and passive exercise in the open air, and could walk from his residence in Portland-place to the Royal Exchange, as quickly as most men of 50 years of age, though now 80. He had undergone the operation of lithotomy some 20 years ago, under Sir Astley Cooper, and had no return of stone. He never made any complaint of heart affection, and had a strong, equal, and excellent pulse. His only complaint was a sense of occasional fulness about the head, for which he often resorted to cupping. He had also some slight dyspeptic symptoms, in the shape of acidity—depression of spirits—irritability of temper. A very few weeks before his death he complained of shortness of breath, and pain darting from the region of the heart down along the left arm, when ascending the stairs of his own house—and, latterly, when walking in the street, especially if he went against a current of wind. The writer of this article was consulted, and on strict examination, could detect no change of structure or irregularity of action in the heart. He readily recognized, however, that the patient had symptoms of angina pectoris, and stated this to his friends. He advised quietude, temperance, and abstinence from all active exercise. But neither the General nor his friends would be quiet—and therefore they summoned a celebrated surgeon, whose knowledge of *anatomy* must, of course, enable him to detect the most obscure diseases of internal parts. He came—saw disorder of the "digestive organs"—and prescribed blue pill at night, and black draught in the morning. Six days after this treatment had been put in force, the writer was summoned, in the middle of the night, to the patient, who was said to be dying. When he arrived, the General was labouring under one of the most terrific paroxysms of angina pectoris which he ever witnessed. The face was pale, the lips blue, the countenance indicative of unutterable anguish, the pulse scarcely perceptible, the breathing laborious, with what has been not inaptly termed, the "dead rattles" in the throat. The unfortunate sufferer was propped up in bed—tossing from side to side—praying for relief from the horrible pain in the region of the heart and left arm. It was evident that the lungs were gorged with blood, and a lancet was immediately pushed into a vein in the arm. At first a little black blood trickled out—then it came more freely—and, at last, in a stream. When twelve or fifteen ounces of blood were abstracted, the "dead rattles" ceased—the pulse rose—and relief was considerable, though by no means complete. Thirty drops of Battley's liquor opii sedativus, which happened to be in the house, were given—and, in an hour, the patient fell asleep. Next morning, all urgent symptoms were gone. He was ordered to keep his bed for two or three days—and then only sit up in his bed-room. No symptom of angina pectoris returned—and on the sixth or seventh day, the General would no longer submit to restraint. He came down stairs—dined in the parlour on fish—took his first glass of wine in good spirits—and, while drinking the second glass, he died as instantaneously, as if a cannon ball had passed through his chest!

God forbid that we should attribute any part of this tragic finale to the treatment on which the patient was placed for disorder of the "DIGESTIVE ORGANS;" but we can only say that, if General B. died of this said disorder, we are totally ignorant of the nature of the complaint.

We shall take up the subject of other nervous affections of the heart in our next Number.

# Periscope;

OR,

## CIRCUMSPECTIVE REVIEW.

[JANUARY 12, 1828.]

Under this division, we shall endeavour to collect from the periodical press those scattered fragments of practical or scientific knowledge, which it would be as difficult to set forth in separate articles of our Review, as it would be disadvantageous to overlook. But how are we to classify or arrange these multitudinous contributions to our stock of information? The more we reflect on this subject, the more the difficulties accumulate and become insurmountable. Hic labor, hoc opus. If ever there was a cycle or circle in any science, it is in medical science. From whatever point, in that circle, we start, in practice, to that point must we daily and hourly return—

Whatever link we strike,
Tenth, or ten thousandth, breaks the chain alike.

How is it possible to separate even the study of morbid anatomy from that of simple anatomy? Can we tell diseased structure without comparing it with healthy structure? Can we separate the treatment of a disease from an investigation into its history, its etiology, its symptomatology? Or can we study any of these advantageously, except in connexion with its pathology? Certainly not. In the common routine of practice, the whole circle of medical science comes into play at every step we take—at almost every bed-side to which we are called! What physician is deserving of that name, who is not intimately acquainted with the effects of external agents on the human frame, whether they be in the shape of moral impressions, atmospheric influences, accidental violences, or surgical operations—a mental misery, a malaria, a blow on the head, a shattered limb, or an amputation? What surgeon is deserving of the appellation, who is not as well acquainted with the symptoms, causes, stages, diagnosis, treatment, and morbid anatomy of peripneumony as of erysipelas? The former supervenes almost as frequently on the flourishes of the catlin and saw, as does the latter. As for the general practitioner, if he had the hands of Briareus, the eyes of Argus, and the ear of Dionysius, he would daily have occasion for them all, in each and every branch of medical science and practice.

Seeing, then, that these branches or parts, to which we have given such learned Greek titles, are locked and intersected at every movement in our daily rounds, how can we usefully classify them in this our little microcosm? On what plans did Morgagni, Bonetus, Baillie, proceed in their arrangements and classifications of the "seats and causes," "the hidden causes," (abditæ causæ, Bonet.) the "morbid anatomy," of diseases? On the plan of the unlettered butcher in the shambles! The butcher first kills his patient, *viz.* the sheep, and then strips off the skin.* He next decapitates, and offers the head separately to the public, then the neck, the upper extremities, the contents of the thorax and abdomen, the pelvis, (saddle of mutton,) and lower extremities. So did Morgagni, Bonetus, and Baillie. They could invent no other arrangement or classification than that of quartering and eviscerating the human machine, presenting us with diseases of the head, of the neck, of the thorax, the abdomen, the pelvis, &c. as if all these parts were independent and insulated organs, whose derangements of function and alterations of structure could be as distinctly marked on the pathological chart, as the 32 counties of England on pasteboard! What tyro does not know the absurdity—the impossibility of these unnatural insulations in actual practice! What man ever saw the brain diseased,

* By this we do not mean to infer that the doctor fleeces his patient *before* he kills him.

without various other parts of the frame being disordered? Who ever saw organic disease of the heart, without disturbance of function in the lungs? We might multiply the illustrations *ad infinitum;* but enough has been said to justify us in bringing together the DISJECTA MEMBRA of this department, in the manner in which they present themselves to us in the book of nature, rather than in books of art.

We maintain, then, in the first place, that the PRACTICE OF MEDICINE necessarily includes a knowledge of surgery—secondly, that the PRACTICE OF SURGERY necessarily includes the practice as well as the knowledge of medicine—and thirdly, that the PRACTICE of these two great artificial divisions, necessarily includes a knowledge of all the other divisions, however designated as subordinate, auxiliary, or collateral. Midwifery, pharmacy, chemistry, medical botany, ophthalmic, acoustic, and dental surgery, &c. are all as arbitrary dislocations as those of the unlettered butcher, the erudite Bonetus, or the experienced Baillie. To these separate branches let men attach themselves, (after being grounded by education in all the others,) as interest, inclination, or individual genius may prompt. But, for our parts, we shall make no distinctions between the different members of the same family—nor shall we impose on ourselves any other rule than that of selecting the grain from the chaff—and thus separating useful facts from idle or erroneous opinions.

Floriferis ut apes in saltibus omnia libant—
Omnia nos, itidem, depascimur aurea dicta.

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## PRACTICE OF MEDICINE AND SURGERY.

IN looking round the circle of the periodical press, we are nearly as much embarrassed in the selection of a STARTING POINT, as we were in respect to our nosological arrangement. Shall we begin at home or abroad? Shall we give the post of honour to age, to size, to slow or to rapid phases, to talent—to aristocracy, or to democracy? Objections might be urged against each of these modes of setting out. In beginning at home, where charity is said always to begin, we should fail in politeness to our worthy CONFRERES on both sides of the Atlantic—and in giving a foreigner precedence, we should offer a terrible violence to the prejudices of JOHN BULL. In respect to AGE, it is not every man—or woman either, who likes to be put into the front rank on THAT score. The SIZE of a book is an awkward claim to precedency. Independent of the vulgar adage about the calf and the veal, and the more classical adage, "a great book is a great evil," there are several other considerations that might well deter us from placing the Goliahs of periodical literature at the head of our Periscope. In literary warfare, weight of metal is of less importance than swiftness of sailing:—and water, as the source of steam and vapour, is often more potent than alcohol. As for TALENT, it is like Hamlet's ghost—"hic et ubique." We live in the very age of talent—"the march of intellect." On every point of the medical horizon, TALENT rises on our view. We have journals of great talent—journals of little talent—journals of "all the talent"—and (as a necessary consequence) journals of—no talent at all. Talent, therefore, is such a drug, that it will never do as a qualification for precedency. It only remains, then, to balance between ARISTOCRACY and DEMOCRACY. The FORMER is too much encumbered with ancient armour to lead the van—too much inflated with ancestral pride to bring up the rear. As for the LATTER, decency forbids that the SANS CULOTTES should be exposed to the gaze of the world at the head of our columns. In this dilemma about precedency, we shall adopt the plan of reverting to first principles—that of A, B, C. In marshalling our CONSCRIPTS on the field, we shall summon them up in strict ALPHABETICAL order, at a first introduction, after which, we shall stand on no ceremonies, in calling on them for their respective contributions. The following journals are regularly received in exchange, or purchased for the use of our Periscope.

Annales de Med. Physiol. (Broussais.)
Archives Générales
Bibliotheque Nouvelle.
Bulletin des Sciences Medicales.
Gazette (London Medical.)
Journal Complementaire.
Journal de Médécine.
Journal de Physiologie. (Magendie.)
Journal de Progrès.
Journal, (the Edinburgh Medical, &c.)

Journal Universelle des Sciences Med.
Journal, (the Medical and Physical.)
Journal, (the New York Med. and Phys.)
Literarische Annalen der Gesammten Heilkunde.
Lancet.
Medico-Chirurgical Transactions.
Medical Recorder. (Philadelphia.)
Philadelphia Journal of the Medical Sciences.
Repertoire Générale.
Repository, (London Medical )
Révue Médicale.

Besides the above, we receive, though not very regularly, two or three German, and one or two Italian Journals. Let any one glance his eye over this list, and say whether or not a Periscope is necessary, for the purpose of culling the more important information from these journals, for English readers, not one in a thousand of whom can get at the originals.

We have now only to remark, in conclusion, that it is our intention to review the English periodicals within the phases of their publication, commencing with the present year. A greater latitude must be allowed for the foreign journals, though we shall endeavour to bring up our information to the latest moment. In this review of journals, however, we shall touch upon no matters but what are useful, or injurious by being erroneous. The former we shall condense, and transfer, as far as is practicable, to our pages: —The latter we shall censure or disarm, in as few words as possible. The great mass of inert, harmless, or ponderous materials, with which our periodicals are ballasted, rather than freighted, we shall permit to float quietly down the stream of time, to take their proper places, according to their specific gravities, in the ocean of oblivion.

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## 1. On a Peculiar Species of Traumatic Delirium.

[*M. Dupuytren and M. Helis, Hôtel Dieu.*]

The author justly observes, that it is not merely sufficient to prepare a patient for a surgical operation, and to perform that operation adroitly;—the more difficult part remains—the subsequent treatment. The moral and physical shock of an operation predisposes a person peculiarly to those accidents which naturally arise from the wound, and the judgment of the practitioner, on these occasions, is often of more importance to the patient than his manual dexterity while the knife was in his hand. There are still some disciples of Frêre Jacques in the surgical world. "I have cut you for the stone—may God cure you." If trifling injuries and operations are sometimes followed by the most serious constitutional disturbance, how careful should we be, after great operations, to guard the patient against every source of supervening disease! Sometimes we see deep-seated inflammation arise in an organ or part to which the knife has been applied—and the sympathetic fever kindled up destroys the patient, when success seemed certain. At other times, a rigor announces the formation of matter in some vital organ, when the preceding fever was so masked, or so trifling, as to throw the surgeon off his guard. In other patients, the nervous system becomes highly irritable after an operation, and spasms or tetanus itself ensue. In some, a species of delirium succeeds the operation, which is of singular frequency and by no means devoid of danger. Obscure in its causes, variable in its march, but alarming in its symptoms, traumatic delirium is rarely fatal, if treated judiciously and energetically. The following cases are selected from a great number of others, that occurred in the wards of M. Dupuytren. The reflexions that are appended belong also to the same illustrious surgeon.

*Case* 1. A young man from the country was operated on by M. Dupuytren, in the month of June, for sarcocele, of large size. He was much afraid of hæmorrhage, and kept himself in a fidgetty state all the day after the operation. On the third day he was still more anxious, and he was irritated by every motion, gesture, or word of the neighbouring patients. Soon afterwards, he complained of pain in his limbs and in his chest. His eyes became animated—his breathing hurried—he demanded food—and insisted on getting out of bed. In short, he was evidently delirious. His cries, the sparkling of his eyes, the immobility of the pupils, the perspiration on his face, the calm and regular pulse in the midst of this commotion, convinced M. Dupuytren

that the patient was affected with nervous delirium (delire nerveux). Nevertheless he examined the chest, of which he so much complained, and found no disease there. A few drops of laudanum were immediately thrown up the rectum, and the patient was secluded from all visitors, so as to be kept quiet. In half an hour, the patient fell into a profound sleep, from which he did not awaken till the succeeding day, when he was completely tranquil. No accident afterwards occurred.

*Case* 2. An old man was operated on for hernia by M. Dupuytren, and was put to bed in the most promising state. In a few hours afterwards, it was discovered that he had torn open the wound, in a fit of delirium, and actually lacerated some portion of intestine, which he had strained down! He died in terrible torments, from the supervening peritonitis.

*Case* 3. A stone-mason fell from a stage, and luxated the left femur. He was taken to the Hôtel Dieu, and M. Dupuytren reduced the bone. The next evening the patient was found in a state of alarming agitation—his eyes glistening, injected, and red—face flushed, and covered with perspiration. He vociferated aloud—tried to tear off the bandages—and endeavoured to escape, as he said, from the hands of justice. In the midst of this disorder of the senses, the pulse was regular, full, and of natural frequency—the skin cool. The sister of the ward, accustomed to these accidents, immediately administered laudanum in injection, and tranquillity was quickly restored, without any return of the nervous delirium.

Seven cases are detailed; but, as they all agree in the symptoms and treatment, we need not pursue the relation. A long train of reflexions, avowedly those of M. Dupuytren, are appended. It is remarked, that no surgical writer has taken notice of this traumatic delirium, although it is by no means uncommon. But one case could be found in books. It was recorded by M. Bouillon. The patient had been operated on for popliteal aneurism, and, on the fifth day, was seized with furious delirium, sine febre, which lasted five hours, and was removed by a laudanum injection. The ligature, however, was prematurely thrown off, and the patient died of hæmorrhage. Many surgeons, indeed, have related cases, where patients have torn open their wounds after operations, and thus destroyed themselves, but none have investigated the cause of this strange proceeding. Most surgeons, too, have considered the phenomenon as inflammatory, and, consequently, have resorted to wrong measures. M. Dupuytren thinks that, if left to itself, it would only produce a temporary exhaustion; but, in the mean time, irreparable injury might be done to the wounds produced by accident or operation. It is of great importance to be able to foresee or predict the supervention of this curious nervous commotion, and the author thinks that, by the following signs, we may prognosticate its approach.

If, then, within 12, 24, or 48 hours after a fracture, a luxation, an attempt at suicide, or a surgical operation, the patient appears in unusually good spirits, with talkativeness, glistening eye, and quick movements—if he affect an unusual degree of courage and resolution;—be on your guard! Do not irritate or excite him—keep him quiet, and exclude all but his nurses, as well as light and noise. Very soon he will assail you with all kinds of questions—he will flatter, menace, abuse, sing, cry, and give way to unceasing loquacity. This is not always the most innocent kind of insanity. Our author has known men in this state, get up in the middle of the night, seize some weapon, and commence a war of extermination on all within their reach. He has known others throw themselves out of the windows, or commit suicide in some horrible manner. The most remarkable phenomenon, in these cases, is the calmness of the circulation, and the total absence of any febrile symptom. It is a veritable mania, of short duration. He has rarely known it last longer than five or six days. The treatment is very simple. Quietude, security, some laudanum, by way of injection. M. Dupuytren prefers this mode of administering the remedy greatly to that by the mouth. He avers that, from six to ten drops, given in this way, produce more effect than triple the quantity, given by the mouth. This fact we have repeatedly witnessed of late, and we could not have believed it, had we not had the evidence of our own senses in proof. It is probable, as M. Dupuytren observes, that many medi-

cicines taken into the stomach are considerably changed or neutralized by the gastric juice and other matters with which they must be necessarily mixed in that digestive organ. In the lower bowels it is different—and the pure effects of opium may commonly be reckoned on with more certainty when applied to the intestinal surface at once. Here absorption, and not digestion, is the process that is going forward. It is evident that the former process is that which is most favourable for the operation of medicines. There is no doubt, too, that the impressions made on the nerves of the lower intestines are soon communicated to the general nervous system. We shall not advert to the speculations of Messrs. Dupuytren and Sanson, on the nature and proximate cause of this traumatic delirium. The paper itself is very curious and interesting.—REPERTOIRE.

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## 2. FRACTURE OF CERVIX FEMORIS.

[*Mr. Langstaff—Dr. Brulatour.*]

Some considerable portion of the last volume of the Medico-Chirurgical Transactions is occupied with the almost worn-out dispute about union of bone, in cases of fracture of the cervix femoris within the capsule. We have seen all the specimens that have been presented at the Society's meetings, and we freely declare that there was not one which appeared to us by any means unequivocal on the affirmative side of the question. This was also the opinion, as far as we could collect, of the majority of those members present, who examined the specimens and could make up their minds on the subject. The specimens brought forward by Mr. Langstaff are, indeed, of the mendicity family—namely, beggars of the question. Mr. L. had opportunities of inspecting eight cases of the above accident after death, and he has "long been satisfied of the possibility of union by bone, from noticing the *near approaches* Nature had made to effect this end in the specimens he possesses." But why the ossific union of fractures within the capsule should be of such rare occurrence, Mr. L. cannot divine, unless it be owing to the difficulty of keeping the fractured surfaces in steady juxta-position. The case of Dr. James, an English physician, resident at Bourdeaux, and transmitted to the Society, together with the bone itself, by Dr. Brulatour, was considered by the ossific party as proof positive. But unfortunately it wanted, as all the others did, the sine qua non—the opposite thigh-bone, in order to shew whether the angles made by the cervix with the shaft were different in the two sides. Knowing the changes which naturally take place in these angles by age, and by inflammation, no dependence can be placed on insulated specimens. The accident which happened to Dr. James had doubtless produced considerable injury to the coxo-femoral articulation; but the appearances in the bone, and the want of the other thigh-bone, for comparison, rendered it impossible for any unprejudiced person to pronounce it a case of ossific union after fracture within the capsule. Our own opinion is, that this was a case where the neck of the bone was driven, as it were, into the head of the shaft, by the fall, with consequent shortening of the cervix. But this, we opine, is a very different thing from a fracture which completely separates the articulating head of the bone from its connexion with the rest of the femur.

P. S. When the above was written, we received Mr. Bell's clinical lecture on diseases of the hip-joint, as published in the 4th number of the MED. GAZETTE, where this eminent surgeon observes as follows:—"When an injury has been done to the hip-joint, and inflammation follows, this process is apt to soften the textures of the neck of the femur; and consequently the head of the bone sinks downwards, and is flattened, thus diminishing the length of the whole." He then gives a wood-cut of this shortened appearance, and difference in the angle of the bone, exactly resembling that in Dr. James's case, and several others that have been produced before the Medico-Chirurgical Society. Mr. Bell shews that stiffness and lameness result from this change, "because the head of the femur, which naturally stands out free from the trochanters, and thus permits extensive and easy motion in the limb, is now by the process of absorption of the cervix, approximated to these processes, and hence lameness results." We are glad

to have the authority of Mr. Bell for the strictures which we have deemed it our duty to make on these supposed examples of fracture with ossific union within the capsule of the joint.

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### 3. MORAL AND PATHOLOGICAL EFFECTS OF GAMBLING.

In a late sitting of the Royal Academy of Medicine, M. Gasc read a Memoir on the above melancholy subject. This terrible passion or propensity, is not so much out of the boundary of the medical philosopher's study as, at first sight, it may appear. Whatever raises a storm of conflicting passions in the human mind, must induce a corresponding tumult in the organic functions, and thus lead to violent disorders, fatal diseases, and not seldom to self-destruction. M. Gasc conceives that the propensity to gaming takes its source in two of the most dominant passions of the human heart—SELF-LOVE and SELF-INTEREST. Hence he accounts for the habits of gambling in all ages and in all nations, savage or civilized. Hence, too, says he, the total inutility of the lectures of the divine, the exhortations of the philosopher, and the penal statutes of the legislator, in stemming the evil! In depicting the effects of gaming on the animal economy, M. Gasc exhibits the gamester a prey, alternately, to delirious joy, despair, and rage. It is no wonder that the tremendous shocks which the brain and nervous system must receive in these paroxysms, should frequently destroy the intellectual faculties, and thus lead, as they actually do, to imbecility, insanity, and even furious mania. It is in the approaches to these conditions, that the frequent acts of suicide are committed. The circulating system often suffers in these direful conflicts of the passions, and aneurisms and other diseases of the heart, are not seldom traced to the gaming table. But no parts of the animal economy suffer more directly and unequivocally than the organs of digestion—partly from the tortures of the mind, which destroy appetite and suspend digestion at once—and partly from the stimulating potations which the gamester swallows to support his courage or drown his reflections!—ARCHIVES.

The foregoing facts have long been familiar to the medical spectator; but it is not so generally known to the profession—and it is but little known to the public at large, how nearly the wide-extended system of speculation, in this country, approximates, in its ruinous effects on the constitution, to gambling. We lately saw a gentleman, of high probity, temperance, and respectability, who mentioned to us the following fact, and was curious to hear our explanation of it. One day, on the Stock Exchange, when the rumours of failures at home, and commotions abroad, were producing such terrible vacillations in the public funds that his whole property was in momentary jeopardy, he found himself in such a state of nervous agitation, that he was obliged to go out and apply to wine, though quite unaccustomed to more than a glass or two at his dinner. To his surprise, the wine had no apparent effect, and he drank glass after glass, in quick succession, till a whole bottle was consumed. Not the slightest inebriating influence was induced by this unusual quantity taken before his dinner. His nervous agitation, however, was calmed, and he went back to the Exchange, and transacted his business with great steadiness and equanimity. None of the common effects of wine were produced at the time—but, the ultimate consequence, several days afterwards, was a severe attack of indigestion, to which he had not previously been subject. Now, this curious fact shews, we think, that, although the mental agitation masks, or even prevents, the common exhilarating effects of wine and other stimulants at the time, and thus induces and, indeed, enables men to take more than under ordinary circumstances, yet that the ulterior effects are worse on the constitution, than if the stimulants had produced their usual excitement at the moment of their reception into the stomach. It is thus that the nervous systems and digestive organs of thousands in this country are ruined, and that without the victims being conscious of the channel through which they are poisoned.

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### 4. INJURY OF THE HIP-JOINT.

[*Mr. Stanley.—Med. Chir. Trans.*]

Mr. Stanley observes, that fracture of the

trochanter major, combined with fracture of the cervix femoris, often bears a strong resemblance to dislocation of the caput femoris.

"Whenever the fractured portions of the trochanter can be brought into contact, a crepitus will be produced which may enable the surgeon to ascertain the precise nature of the injury. But when, from the direction of the fracture, one portion of the trochanter has been drawn by the action of the muscles towards the great ischiatic notch, no crepitus may then be discoverable, a direct source of mistake will then arise from the positive resemblance of the fractured portion of the trochanter to the head of the femur, the former occupying the same place which the latter would do in dislocation; and if, with these circumstances, there should happen to be an inversion of the injured limb, the difficulty of the diagnosis must be considerably increased. *This obscurity, while it affords a strong motive for extreme caution in such cases in our own practice, should at the same time teach us to be slow in citing a mistake in the practice of others, as proving either ignorance or inattention.*"

Mr. Stanley is nearly five years behind the level of professional feeling on this point. The fashion now is, to condemn the practice of your contemporaries, whether it is good or bad—and the more skilful they are, the more copiously you must pour on them the epithets of dolts, ninny-hammers, &c. This is the way to get on in the world. Mr. Stanley's ethics will never do for the 19th century! But to return to injuries of another kind.

*Case.* A woman, aged 60 years, fell on her right hip in the street. The limb was found slightly everted and shortened three quarters of an inch; yet it was moveable in all directions. The extremity of the shaft of the bone was in its natural situation, but behind the femur, and at a little distance from it, a bony prominence was discovered resting upon the ilium, towards the great ischiatic notch, strongly resembling the head of the femur. Various opinions were entertained as to the nature of the accident—some considering it a dislocation, others a fracture. After a confinement of some months to her bed, the woman recovered sufficiently to walk with the assistance of a crutch, and in this state continued till her death, three years afterwards. On dissection, Mr. Stanley found that there had been a fracture extending obliquely through the trochanter major, and through the basis of the neck into the shaft of the bone. The prominence mistaken for the head of the bone, was occasioned by the posterior and larger portion of the trochanter drawn backwards towards the ischiatic notch.

Several other cases are related from Mr. Stanley's practice, and some from that of others. He concludes by observing that, in many cases where the nature of the injury is doubtful, we ought to impose on the patient a strict confinement to his bed, for as great a length of time as if the fracture had been ascertained. The circumstances attendant on the accident should also be carefully investigated, as these are often our only guides.

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### 5. On the Nature and Treatment of Traumatic Tetanus.

[By M. Le Pelletier, Chief Surgeon of the Hospital of Mans.]

The author of this Memoir appears to have been placed in circumstances favourable for the observation of facts and the investigation of phenomena—and he thinks he can offer something more positive, as to the nature and treatment of tetanus, than has hitherto been given to the public. M. Pelletier takes a course opposite to those who consider tetanus as an affection of the nervous system, and consequently as affording no appreciable physical lesions as the cause of the symptoms. He looks to the material and palpable alterations in the organs of the body, as the basis of our investigations. He asserts that, in all the dissections that have been made of well-marked traumatic tetanus in the Hospital of Mans, there were unequivocal traces of inflammation in the vertebral meninges, especially at the origins of the nerves, and during their course in the spinal column. Two cases are narrated as a preliminary step, the bearings of which will be readily seen.

*Case* 1. Nourri, aged 17 years, was seized, on the 16th October, with headache, fever, and pains in his joints, especially the hip-joints. After being a fort-

night ill in this way, without any medical treatment, erysipelas came on the lower extremities. A physician was called in, and ordered leeches and blisters to the inflamed parts—and cinchona internally. By these means the patient's disorder was increased, and he was sent to the hospital on the 2d December. He was now in a desperate condition, with symptoms of engorgement in the head—chronic peritonitis—and a kind of engorgement and induration of the cellular tissue of the lower extremities. We need not detail the treatment. The symptoms were ameliorated, but, as the patient passed his urine and stools in bed, he became excoriated about the sacral region, ending in ulceration which ultimately destroyed life. But the most curious part of the history is the supervention of trismus, which made progress with the sacro-coccygeal ulceration, till complete opisthotonos was established. It was concluded, and perhaps with reason, that the disease was traumatic tetanus, from the extension of inflammation along the sacral nerves to the coverings of the spinal marrow. Our author had found copious general bleeding the most effectual treatment in other cases of traumatic tetanus; but here the patient was almost worn out with preceding diseases. Nevertheless, he ventured on venesection, which mitigated the symptoms, but did not arrest the fatal course of the tetanus.

*Dissection.* The sacrum was denuded in several points, as were the sacral nerves, especially the sciatic, which shewed several red spots externally, and red striæ when slit up longitudinally. The neurilema of the nerves was evidently inflamed. The spinal marrow was laid bare (its coverings uncut) throughout the whole length of the vertebral canal. It presented externally several bluish streaks, and its membranes appeared distended by a fluid. There was, in fact, sero-sanguineous infiltration beneath the membranes—the pia matral covering was highly vascular, so as to be as red as carmine, particularly about the origins of the nerves. The spinal marrow was not softened, nor did it present any mark of disease. The pia mater in the head was rather injected, and there was some water in the ventricles, but not of any magnitude.

*Case* 2. Pazon, aged 33 years, was much bruised by the falling in of a quantity of wood upon him, on the 18th May. He was immediately carried to the hospital, and the bone of one humerus was found broken in two or three places, with a flesh wound above the elbow, produced by the broken bone, which there protruded. There was great pain and irritation at this part. High fever and inflammation followed, and the usual antiphlogistic measures were employed. Suppuration and partial gangrene took place, and, on the 26th, tetanus supervened. It is remarkable, if it be strictly true, that the tetanic contraction of the muscles commenced in the lacerated and fractured arm—extended thence to the pectoral muscles—to the muscles of the jaw—and quickly destroyed life.

*Dissection.* The nerves of the brachial plexus were carefully examined. The neurilema of the cubital and median vein was red and inflamed, and this inflammation was unequivocal in the envelopes of the spinal marrow and brain. It was remarkable that the inflammation was entirely confined to the left side of these envelopes, namely, to the side corresponding with the fractured arm.

Without indulging in extracts from our author's reasonings, we may observe that he comes to the conclusion, from the above and many other dissections, that tetanus is the result of inflammation—and that the inflammation has its seat in the neurilema of the nerves, and of the spinal marrow—particularly in the pia matral covering of this last organ.

From the above it will not be difficult to come to the therapeutical indications of M. Pelletier. If inflammation be the pathological character of tetanus, it follows, of course, that depletion, in its widest sense, must be the rational mode of treatment. Unfortunately, the depletive plan has too generally failed—but this failure does not disprove the pathology of the disease maintained by our author, and by several others, especially Drs. Sanders and Reid, in this country. It is wise to accumulate all the facts we can, upon such abstruse points of pathology as that now before us. It is on this account we have given a brief analysis of M. Pelletier's paper.—*Revue Med. Nov.*

## BRITISH PERIODICAL PRESS.

### 1. ED. MED. & SURG. JOURNAL.

The race of medical periodicals cannot boast of high pedigree. But what they want in genealogy they make up in fecundity. There was a time, ('tis sixty years since) when our grandfathers brought forth much less frequently than our grandmothers—and when the sun paid a visit to all the signs in the zodiac, during each term of literary pregnancy! It was in that peaceful period the dynasty in question commenced, under the modest appellation of "MEDICAL COMMENTATORS"—for critics were not then known in medical literature. The ostensible object of our forefathers was precisely what is now alleged by their numerous progeny. "A scheme, better calculated for saving time in reading, and expense in purchasing books, is a concise view of the books themselves."—*Introd. to vol.* i. *Jan.* 1773. Thus we see that our Caledonian ancestors had an eye to economy, even in those days.*

The dynasty of COMMENTATORS lasted 20 years and upwards, when, without any very apparent cause, it changed its title to ANNALISTS, (ANNALS of MEDICINE) but still pursued its slow annual phases, returning with Christmas, or the new year, to add to the enjoyments of those festive epochs. The ANNALS continued from 1796 to 1805, when an impulse was evinced, that might well be deemed prophetic of what is now taking place, after a lapse of 20 years. Again the family name was changed—the publication was made QUARTERLY, instead of ANNUAL, and the Journal at the head of this article started into existence.† It appears that, even then, it was customary to declaim against "the multitude of similar publications." Where are the records of this multitude? The following sentence will explain. "All such periodical works, from the very nature and origin of them, have their periods of vigour and decay. They flourish, and they fade. They terminate, abruptly; or, after reaching a respectable old age, they are suspended. New ones arise. Their powers are rapidly developed, &c." And, we may add, they follow the fate of their predecessors, sooner or later! Gibbon tells us that, in the Byzantine empire, although the grave was dug at the very foot of the throne, the LATTER never wanted a tenant, however soon he was destined to descend into the gloomy habitation below! The dynasty of the Duncans has had a long and honorable career. The three series, spread over a space of half a century, have maintained a more uniform character, dignity, and respectability, than any work of the kind, in this or any other country. The cause of this uniformity was, doubtless, owing to the government of the journal being patriarchal, and, therefore, not subjected to perpetual vicissitudes in its editorial management. The innumerable contributions to this work varied with the contributors—and although many able and erudite reviews are scattered through its volumes, we cannot say that the work, as a whole, has evinced any very powerful talent, or exuberant principle of vitality. Its original conductors have, we believe resigned—and how far its present Editors may enhance, maintain, or diminish the fame of this father of British periodicals, in an age when all the energies of the human mind are called forth, it is not for us to predicate.

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* The Edinburgh Journal has sadly diverged from its original purpose. No one now expects any thing like an account of the medical literature of the day in the review department of that work.

† Let those who startle at changes in the mode of publication, look back at the history of periodicals, and they will find changes enough. They will find that, in almost every instance, the change has been for the better, when the periods of publication were shortened.

### No. 94.—JAN. 1st, 1828.

This Number of our Edinburgh cotemporary contains 13 original papers, occupying 118 pages of the work, and evincing various degrees of merit. The first on the list is that which we shall notice in the present fasciculus of our Journal.

*Treatment of Caries.* By Dr. J. J. NICOL.

After some desultory remarks on the

diseases of bone generally, Dr. N. comes to the pith of the communication—the TREATMENT, by the application of lunar caustic to the bone or its periosteum, aided or not by the internal use of sarsaparilla, and general constitutional remedies. Dr. N. modestly premises, that he offers these cases to the profession, "without the least pretensions to novelty, in so far as regards the *remedies* employed." What, then, it may be asked, was the object of publication? "The success of their application alone has a claim on its attention." Here the modesty is not quite so striking as in the preceding sentence. If the remedies are not novel, but only the success of their application remarkable, then the operator has the credit. Be this as it may, a single case will illustrate the mode of treatment pursued by our author, as well as a whole sheet of didactic precepts.

"*Case* 2.—A young gentleman, about 16 years of age, having over-exerted himself in running, was seized with inflammation along the right shin, extending towards the knee. The surgeon who attended leeched and applied evaporating sedative lotions, by which the inflammatory process was in a great measure subdued. Ulceration however followed some time after along the flat upper part of the tibia; and the integuments gave way *in two* places, about the distance of an inch and a half from each other. The discharge became limited and unhealthy; the upper end of the tibia enlarged; the knee excessively pained; and the general health bad. Leeches and evaporating lotions were again applied over the knee without any benefit, and diaphoretics were also freely administered without any relief. The case becoming alarmingly retrograde, and the parents anxious, I was called in. The knee was much swollen, and the leech-bites had become vesicated, presenting the appearance of pemphigus. The whole upper end of the tibia, and for some inches downwards, was evidently enlarged; its anterior tubercle projected unusually, and was soft, but not tender to the touch. The orifices of the ulcerations previously described had enlarged to nearly an inch in diameter, communicating freely with each other, and exposing the periosteum, which was glairy, and discharged a thin sero-gelatinous rather than sero-purulent matter. Hectic had existed for some time, and the strength was much exhausted. The tibia was now pronounced in a state of extensive disease internally, and the treatment completely reversed. An incision with a scalpel was made on the outside of the enlarged tuberosity, and a rod of caustic introduced close to the bone. One single point of the periosteum at each of the ulcerations below was touched in a similar manner. Fomentations of poppy capsule were applied two or three times daily; four ounces of *Decoct. Sarsaparillæ comp.* were given morning, noon, and night; and from half a grain to a grain of opium exhibited two hours after each dose of the decoction.

"In twenty-four hours tranquillity was restored to the limb. In three days the hectic fell off. This plan of treatment was continued, substituting for the opium as many tea-spoonfuls of the following mixture as the stomach could bear without sickness or nausea.

"℞. *Antim. tartarizat. gr.* iv.
*Solv. in aq. cinnam.* ʒviij.
*Tinc. opii,* ʒj. *M.*"

The swelling of the knee disappeared—that in the bone diminished—and two thin circular films (evidently separations from the outer lamina of the tibia) were discharged at the openings. The ulcers then turned healthy, and, in about four months from the time Dr. N. first saw the patient, a cure was effected, and the young gentleman is now a useful *limb* of the profession himself.

Dr. N. makes several judicious observations on individual remedies, employed in these diseases of the bones and their coverings. General blood-letting can only be resorted to in the acute stages, where the inflammation partakes of the gouty or rheumatic character. Instead of antimony, opium, and calomel, and other remedies, formerly much employed, our author now depends greatly on colchicum, with Battley's liq. opii sedativus. These he uses in the proportion of two or three parts of the former to one of the latter—thus, giving to an adult 30 drops, or more, (of the combination) every three or four hours, according to the urgency of the symptoms, continuing the medicine till the stomach or bowels become affected, or copious perspiration is excited.

When, by these means, aided by sarsaparilla, and proper local treatment, the disease has been arrested, but the bone still continues enlarged and the periosteum thickened, then the establishment of a caustic issue becomes necessary. "When the most prominent part can be easily reached, I have invariably made an incision with the point of a scalpel, down to the bone, and not larger than was sufficient to admit a pointed rod of lunar caustic, of the usual size, which was immediately introduced, twirled round two or three times, and instantly withdrawn." A poultice was then applied, till the eschar separated, and a purulent discharge was established. Dr. N. affirms that—"short of the actual excision of the parts, he considers the lunar caustic to be the sheet anchor in the treatment of affections of the bones."

We shall notice the other articles in succession—at least all those which we deem practically useful or theoretically interesting. And we take this opportunity of observing, that our Periscope of Journals will always partake of the character which we have endeavoured to establish for our Analytical Review of Books. We shall not give a bare catalogue—or a meagre skeleton of papers, divested of blood, nerve, and flesh. Of those articles which we do notice, we shall aim at giving a concise, but intelligible view of their import and bearing, not a tantalizing glimpse, conveying no definite ideas to the minds of our readers. Let this be borne in mind.

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## 2. THE LONDON MEDICAL REPOSITORY.

This journal started on a flood-tide of popularity that promised to carry it to immortality. It was presented to the public as "the Surgeon-Apothecaries' and Apothecaries' Journal and Review," in the year 1814, when a strong excitement and impulse existed throughout that wide and respectable class of medical society, to distinguish itself by science, art, and literature. The journal was conducted by three eminent general practitioners—Messrs. Burrows, Roysston, and Thomson—so that every thing conspired to the success of the work. This success was great—but it was astonishingly over-rated. The first number circulated to the extent of 1250, and this point was never afterwards over-stepped. Four years later, (1818,) when the property was sold to Messrs. Underwood, the circulation had dropped to 1000. One of its professed objects was—"to bring within the reach of the country practitioner whatever of novelty arises in theory or practice"—and to "assist in the amelioration of medical literature, by inciting to the practice of composition." In respect to their review department, the editors were inclined to think—"*that* analysis which gives a faithful view of facts to be more useful to the public, than *that* criticism which aims to exalt the critic above the author." Most people are now of the same opinion.

The London Medical Repository has passed through many hands during the last ten years, and consequently taken its hue and intellectual character from its reigning master or masters.* While, originally, the organ of the general practitioners, it strenuously advocated the interests of that body, but never insulted any other class of medical society. The consequence was, that it had the support and respect of every designation of the profession.

### No. 31. January 1, 1828.

The first article is the commencement of an hospital report from Dr. Carter, of the Kent and Canterbury Hospital. Dr. C. informs us that, for several years, intermittents were almost unknown in his neighbourhood—even in Faversham and the marshy lands of its vicinity. The foul fiend was supposed to be extinct—or to have taken his departure for Walcheren or Batavia. But no such thing. Within the last two years, ague has returned—prevailed—in many instances been extremely obstinate—and, in some, has laid the foundation for irremediable disease. It is hardly necessary to say that these effects of protracted ague are chiefly felt in the liver and spleen, leading ulti-

* It has vacillated between aristocracy and democracy—it has been on the verge of free-thinking—and it has been downright methodistical.

mately to dropsy. There is nothing new, in the remedial way, brought forward by Dr. Carter. The quinine and arsenic were, of course, the most effectual remedies for stopping the paroxysms—but every relapse deteriorates the organs and their functions, rendering it necessary to give aperients, mercurials, bitters, and vegetable tonics. We learn from Dr. C. that his colleague, Dr. Chisholm, has successfully practised the plan of Dr. Mackintosh—bleeding in the cold stage. Three fatal cases of organic disease of the liver are detailed; but they present only the usual phenomena of that dire affection.

2. *Phlegmonous Erysipelas.* Mr. Evan Daniel has published some observations on the treatment of the above species of erysipelas—"tending to shew the utility of abstracting blood locally—against which practice, most writers *on this disease* appear to be very much prejudiced." Mr. D. we imagine, labours under a mistake. No modern writers or practitioners are prejudiced against local bleeding in *phlegmonous* erysipelas. It is in the treatment of the superficial or cutaneous erysipelas, that there is considerable discrepancy of opinion. All parties are agreed as to the utility of local depletion in the phlegmonous form—but each has his favourite mode of proceeding. Mr. Lawrence makes a long cut, (he is a cutting kind of chap at all times)—Mr. Hutchison makes short cuts—Mr. Travers cuts both plans, and leaves the operation to leeches—Dr. Babbington and his Greenwich friends make small cuts or punctures with the point of a lancet. These different parties have different views of the modus sanandi of local depletion. The long cutters believe that it is of as great importance to take off tension, as to empty the vessels of the part—the leechers, lancers, and short cutters evidently look to simple depletion as the main benefit to be derived from the measure. In this class Mr. Daniel ranks himself—and this is the whole of the business.

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### 3. THE LONDON MEDICAL GAZETTE.

After a considerable note of preparation, and with an address penned (if report be true) by no less a personage than the POET LAUREATE, the MEDICAL GAZETTE has come forth, to be conducted on the "ideal model" of "JUDGMENT, KNOWLEDGE, and GOOD FEELING,"—in short, to be the strenuous advocate of philosophic views and liberal sentiments. For these good intentions we give our cotemporary full credit; and, as far as it is concerned in the laudable endeavour to counteract the baleful influence of the ORGAN of defamation, it will find in us a zealous, though a very humble auxiliary. As there appears to be a greater leaning, however, in the MEDICAL GAZETTE, towards "things that be," than comports precisely with our sentiments, so, it is not impossible that we may have some little collisions in MEDICAL POLITICS. In our differences, however, with the MEDICAL GAZETTE, we hope to conduct ourselves with proper attention to that "ideal model," which our cotemporary has judiciously placed before its eyes, for constant imitation. The Lancet has now got its match in the field. For some time we feared the MEDICAL GAZETTE would wrap itself too much up in its own dignity, and thereby prove tame. It seems to have taken the hint thrown out in our last number. It is now shewing spirit, and we predict that the reign of the Lancet is over! The Hospital Reports, constituting the chief value of all weekly publications, are given in the Medical Gazette infinitely better than in the Lancet, with the incalculable advantage of being TRUE.

### MED. GAZETTE, Nos. 4 and 5.

#### CLINICAL LECTURES.

The first article in the 4th number of our new cotemporary is the substance of a clinical lecture by Mr. Charles Bell, on diseases and accidents of the hip-joint. We may take this opportunity of expressing our opinion, that clinical lectures are the only proper lectures for reporting in a medical Journal. They are, like the debates in a medical society, mere verbal comments on a given subject, which would be lost, if not recorded, and which may be serviceable if noted faithfully and published correctly. Not so with elementary lectures that are constructed for the purpose of annual delivery. These are

as much a man's private property as the coat on his back, or the watch in his fob: —and whoever publishes without licence such lectures, is guilty of literary spoliation, according to the laws of honour and conscience, however incognizable such an act may be by the laws of the land. For the truth of this sentiment, we appeal to the breast of every unprejudiced man in the profession.

But, to our business. Mr. Bell, after referring to five or six cases in the wards of the Middlesex Hospital, presenting various specimens of hip-disease—some with the leg of the affected side longer than the other—some with it shorter—some appearing to be on the point of anchylosis—and two in a state which rendered it doubtful whether there was fracture or dislocation of the femur—proceeded to make some general observations on hip-diseases.

This affection is common to infancy as well as age. Mr. B. illustrates its occurrence in the former state, as follows:—an infant was suddenly seized with convulsions, and the fits returned again and again, so that the child was considered to be in great danger. Dr. Denman thought it was owing to dentition, and requested Mr. B. to lance the gums deeply and completely round the jaw. He did so, but no benefit resulted. On careful examination of the naked infant, the disease was found to be in the hip, which was much swelled, tender, and painful on motion. The disease went on, and suppuration surrounded the whole joint. Punctures were often made, and, after a long illness, the little patient finally recovered, though he is lame, from wasting of the head of the femur.

There is another way in which the disease may present itself. A boy at school is observed to limp, and, in the evening, complains of pain and stiffness. He returns to his exercises, and when warmed by these, his lameness and stiffness disappear. Still in the evenings he complains—and, after a time, he is observed to hobble more in his gait. He will now probably acknowledge that he suffers a good deal in the limb—and now it is that medical advice is sought. The examination is to be conducted in the following manner:—

"The first thing you are to do is to make him walk before you, and observe the direction of the toe. You are then to strip him, and place him with the buttocks directly before you. You will observe that on the affected side there is a fulness and a greater breadth betwixt the fissure of the nates and the trochanter major than on the other side; and if the trochanter be firmly pressed inward against the acetabulum, pain will be felt. The patient may in the next place be made to stand erect on both his legs; you then ask him to rest upon the sound limb only, and throw out the other as in abduction. This you will probably find he cannot do without great pain; because, during this movement of the limb, the muscles press the hip-joint, and the head of the bone jars against the delicate and inflamed structure of the acetabulum. If he be now laid straight upon his back on the carpet, you will find an inequality in the length of his limbs. If the patient and others of the family exhibit the peculiar signs of a strumous diathesis, then there is every probability of this being the commencing stage of that very dangerous disease, which is called by authors *Morbus Coxarius*."

Another boy returns from school, and is observed by his mother to be lame or awkward in his gait. He is not conscious of it, and affirms that he played a match of cricket yesterday. On examination, the surgeon perceives that the boy walks lame—yet he can throw the leg about in every direction, without pain. On laying him prostrate on the floor, one leg appears shorter than the other. The short leg will also be found smaller than the other. This depends on scrofula. At a certain period, the boy's leg stops growing, a frequent occurrence during dentition, when the bowels are much disordered. This affection is liable to be confounded with disease of the hip, but it is totally different. Leeches, blisters, and the usual means, are here sometimes applied—with no good, but, probably, bad effects.

In certain cases, (one of which was then in the wards,) the child complains solely of the knee, a common occurrence in disease of the hip-joint, owing, Mr. B. thinks, to inflammation having spread to the obturator nerve, as it passes through the thyroid foramen. The pain is felt in the branches of the nerve, according to a general neurological law. In such

cases, when pressure and kneading of the knee occasion no pain, we may suspect the hip-joint to be the seat of the disease.

In respect to shortening of the limb, Mr. B. makes many excellent observations, and we have quoted a passage from this part of his lecture, when speaking of a paper on supposed fractures of the cervix femoris, within the capsule, by Mr. Langstaff. When the disease commences within the joint, it extends its influence to the surrounding parts, which become inflamed, and abscesses form. The patient lies with the body inclined forward, and the knee raised towards the belly. In this way he twists the spine, and inclines the pelvis, drawing it obliquely upwards on the affected side. This apparent shortening of the limb is sometimes erroneously attributed to absorption of the neck of the bone. In the case before him, the limb, on the diseased side, was longer than the other—yet still it was owing to twisting of the pelvis. But the apparent shortening of the limb is the common occurrence, and if this be perceived on the second or third day after the commencement of acute inflammation of the hip, the surgeon may begin to fear that he had made a mistake—that there had been a fracture or dislocation of the femur that had not been detected.

"In order to satisfy yourselves whether there is real, or only apparent shortening of the limb, make the patient lie even upon his back, in as straight a position as he can, and then search for the superior spinous processes of the ilium on both sides. By drawing a tape between these two points, it will be seen whether the pelvis is situated obliquely or not. If the pelvis be placed exactly in a straight position, then the difference in the length of the two limbs no longer exists: the heels may be made to meet and correspond exactly. But whenever the examination is over, the patient gradually resumes his former position of ease, and then you find that the limb is drawn upwards, and appears shortened just as before."

A case in elucidation is given, and also a wood-cut, shewing the alteration in the head and neck of the femur produced by inflammation. This clinical lecture is creditable to Mr. Bell, and affords him opportunities of shewing his ingenuity in the explanation of morbid phenomena connected with the mechanism of the human frame.

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#### 4. THE MEDICAL AND PHYSICAL JOURNAL.

This Journal originated in cow-pox, in the last year of the last century. Its success was far beyond that of any other medical journal that had previously appeared. It became nearly as epidemic as vaccination. We have seen documents, in the possession of the late Mr. Thorne, the original printer of the journal, proving that its circulation, for some years, amounted to nearly 3000 copies per month! It will soon have attained its 60th volume —a grand climacteric in periodical literature! A list of its editors would nearly cover a page of our work—and the various tints and hues which the Medical and Physical Journal received from its successive directors, are far beyond our power of painting. We wish it every success.

The Number for Jan. (19, New Series) opens with a paper on the physiology of the circulation, by Mr. James, of Exeter; in which nothing new is advanced, and nothing old is established or refuted. Mr. James seems to come to the conclusion, (to which we long ago came, and which we have repeatedly published,) that the blood does not go along the arteries in waves, but that, at each ventricular contraction, "a shock is diffused over the whole arterial system, which propels the blood in a longitudinal direction." There is, no doubt, a very trifling instantaneous dilatation of the whole tree of arteries at the same time, the recoil of which feeds the capillary system till the next ejection of blood from the heart. Mr. James affects to treat the suction-influence of the chest and heart as chimeras of the imagination. It is needless to say, that he offers nothing like facts to substantiate this negation.

In the second article, Sir George Gibbes continues his speculations on life, on animalcula, on monades, on ultimate living particles, terminating rudiments, &c. through which speculations we dare not follow him. Sir George appears to be enamoured of the following "very novel and most curious" doctrine.

"All the tissues of the animal body are shewn to be ultimately resolvable into

minute globules, and that these globules, as they are successively disengaged from the mass, exhibit distinctly a power of spontaneous activity, moving about rapidly in all directions. In short, they become animalcula, possessing the power of locomotion, and have been named monades. It appears that these bodies are capable of existing as animals or vegetables, and of forming elementary parts of either. Thus, according to the above view of the subject, we arrive at the singular conclusion, that the human body, with all its organs, is built up of animalcula, and that it is a congeries of countless millions of organized beings, each capable of living in a separate state, and, perhaps, exercising some of the functions of individual life, whilst incorporated with our system. It is not certain, but it is at least probable, that these monades form the last link in the chain of organic life, and that, beyond them, there is nothing but the ultimate gazeous elements."

The author of this curious theory believes the process of digestion to consist merely in the operations necessary to separate these monades from the combibations in which they existed in the animal and vegetable substances that form our food, while assimilation is the mere transport of the monades to the various parts of the body.

How will Sir Gilbert Blane, Professor Brande, and Doctor Reece chuckle, when they peruse this theory, so beautifully corroborative of their doctrine, that Thames water is both wholesome and *fattening!* No wonder that it is so, when it contains so many millions of animalcula, all ready disengaged to fly to the different parts of the body, without any digestive process being necessary!

*Vaccination of the Sultan's Children.* Dr. Baron, of Gloucester, has transmitted the important information, that three of the Grand Seigneur's children have undergone vaccination. It appears that His Turkish Majesty has been inoculated with the contagion of European discipline, ever since the destruction of the Janissaries. Nothing is now heard, in Constantinople, but military music—nothing played except European airs—nothing seen but drum-majors, great canes, muskets and bayonets—and the Grand Seigneur himself, in a General's uniform, ordering manœuvres! This fine flourish introduces us to the important intelligence, that Dr. Auban has had the honour of vaccinating three of the Sultan's children, in order to complete the revolution that has been effected among the followers of the Prophet.

*Paraplegia.* Dr. Thomas, of Devonport, has detailed a case of this kind, which occurred in the person of a sailor, aged 43 years. He had suffered an attack of fever fifteen years previously in India, and one of acute rheumatism in the Winter of 1824. After sleeping in a damp room last Spring, he felt pain in the left side, extending to the back. This was followed by weakness and numbness in the lower extremities, constipation of bowels, dysury, soon amounting to retention. There was no affection of the head. We need not detail the treatment. For a time the patient improved—but afterwards he became completely hemiplegiac. Ulceration took place over the sacrum, and then the paralysis of the lower extremities diminished—till it might be said to be almost gone. Ulceration of the bladder, however, occurred, and of this the patient died. No dissection could be obtained. The head remained free from disorder all the time.

Dr. Thomas seems to have brought forward this case, with the view of assisting Dr. Burder in refuting the doctrine of the late Dr. Baillie, that paraplegia generally depends on affection of the brain. But there is hardly any one who maintains such a doctrine now—and the case of Dr. Thomas is defective, from want of dissection. We have no doubt, however, that, in the above case, the disease was in the spinal marrow, and that the ulcer over the sacrum acted the salutary part of a caustic issue.

The hospital reports, in the Medical and Physical Journal we shall amalgamate with others under their proper heads.

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### 5. LANCET. JANUARY 5, 1828.

It is not our intention, except on very extraordinary occasions, to notice the *elementary* lectures in the columns of the Lancet. They are calculated for two classes of readers—those who have lost

their dentes sapientiæ from old age—and those striplings who have not yet cut them. The lectures, indeed, of a Cooper, an Abernethy, and a few others, *did* possess interest—but now—we have had satis superque. The *clinical* lectures, as we have elsewhere observed, are the proper subjects for reporting.

In this Number are given some clinical remarks, by Dr. Elliotson, on chronic affections of the brain. The subjects in the hospital were chiefly males, between the age of 25 and 40—the causes, in many instances, were external injuries. The symptoms were, generally, pain in the head, drowsiness, vertigo, throbbing, dilated pupils, tinnitus aurium, &c.—in short, the symptoms of chronic inflammation—and the terminations were too often in hemiplegia, epilepsy, convulsions, &c. The post-mortem appearances, in Dr. E.'s practice, were those which others have observed—effusion, thickening of membranes, ramollissement, &c. The treatment may be very easily anticipated,—spare diet,—open bowels—cold, repeated blisters, cupping and leeching ("almost endlessly") to the head—abstraction of blood from the hypochondria or epigastrium—mercury, which should never be omitted. A case was related, and a brain exhibited where there was serous fluid found on the surface of the brain, as well as in the ventricles—also a quantity of limpid fluid on the medulla spinalis. The reporter makes Dr. Elliotson to say that the case in question is one not only instructive in itself but as "*mutilating*" against the opinion advanced by Majendie, that the fluid found in the ventricles comes from the spine entirely, or in the greater part; and, consequently, that our remedial measures should be chiefly directed to that region. We do not deem it necessary to enter into the investigation here, whether or not there is a communication between the ventricles of the brain and the spinal canal.

### COOPER *versus* LAWRENCE.

Cantare pares, et recantare parati.

There is, at this moment, a tremendous conflict between two surgical instruments—the trephine and the scalpel—the Lancet being, of course, the bottle-holder. Mr. Lawrence appears to have thought that there would not be sufficient space on Mr. Cooper's head for a 14 inch incision—and therefore he has made several perforations to get at the spinous artery of his antagonist. Mr. Cooper, on the other hand, has taken up the scalpel, and, avoiding all attempts to get at the *dura* mater of Mr. Lawrence, amuses himself by making short, but pretty numerous incisions into the *soft* parts of the enemy. How this deadly contest will end we cannot yet predict. Both parties appear at home in the use of their weapons, and, it is to be feared, that blood will be spilt and bones broken before the victory is proclaimed.

### DUEL.

We have now to record a much more serious kind of fighting than that with the scalpel and trephine. A duel was fought, on Saturday week, between Dr. Forbes, of Argyll-street, and Mr. Thompson, a young surgeon, a pupil at the Eye-Infirmary, to which Dr. Forbes is physician. No blood was shed, but a ball went through Mr. Thompson's hat, when the seconds interfered. The circumstances that led to this meeting are pretty well known. Very late in the evening, before Mr. Guthrie's action was to have come on against the Lancet, Dr. Forbes wrote to Mr. Guthrie, intimating that, if interrogated in court, he would be forced to condemn certain parts of Mr. Guthrie's practice, or words to that effect. This, of course, stopped proceedings in court next day, and the business, we suppose, is ended for ever. It seems that Mr. Thompson was indignant on this occasion, and insulted Dr. Forbes—hence the duel. We join with our cotemporary in considering the above as a striking illustration of the tumultuous state of our profession, "It is one among the daily proofs of the incalculable mischief resulting from that system of depravity in the medical press, which has thus literally set man in hostility to man, for the profit of a ————————." We dare not close the sentence from our cotemporary, lest we should have another judicial action on our hands! We confidently believe that the "system of depravity" is beginning to totter—and we hope to give it a shove before the end of the year 1828.

## HOSPITAL PRACTICE.

Under this head, we hope to give a selection and re-union of important cases reported from the public institutions of this and other countries, which will prove the most valuable department of a journal ever offered to the medical practitioner, of town or country. We shall take great care to disembarrass reports of all useless or irrelevant verbiage—nor shall we notice those cases that afford no useful practical hints, or interesting phenomena. In our criticisms, we shall be guided solely by rigid impartiality—and a desire to correct error and establish truth.

### 1. ST. GEORGE'S HOSPITAL.

#### STATE OF THE PUPIL IN DEEP INTOXICATION.*

A young man was brought into this hospital, some little time ago, having fallen from the Bristol coach half an hour previously, in a state of complete intoxication. When admitted, he was quite insensible—the pulse 70, and rather labouring—the pupil dilated at first, but, in the course of a very short time, it had become contracted almost to a pin's point. At the back of the head there was a circular wound of the scalp, about the size of a shilling, exposing the bone perfectly denuded beneath, but unaccompanied with fracture or depression. In the course of the day the pulse got up, and he was bled; and in the evening he brought up, by vomiting, a most disgusting mass of pork, brandy, &c. after which he became much more sensible, and the pupils began to act. Next day he complained of nothing but the scalp-wound, in spite of which, and all Mr. Rose's remonstrances to boot, he walked out of the hospital, got upon the top of the coach, and set off once more for Bristol.

Upon this case the reporter remarks—"We mention it principally with a view of calling the attention of our readers to the excessive contraction of the pupil, a state which Mr. Rose says he has generally seen in complete intoxication. In this patient there were many of the symptoms of compression of the brain; and indeed there cannot be a doubt that individuals are occasionally most severely, and even fatally treated for such compression, when rest, or, it may be, the stomach-pump, are all that is wanted."

#### STRANGULATED HERNIA.

Two cases are reported in the Medical Gazette, (No. 4,) which we shall notice, in order to shew Mr. Brodie's practice.

The first case was that of a stout young countryman, admitted under the care of Mr. Rose. The hernia had existed since childhood, was never completely reducible, and the symptoms of strangulation had obtained for twenty-four hours prior to the performance of the operation. On opening the sac, a knuckle of intestine was found, which was returned, but, besides this, there remained a quantity of omentum, which had contracted old and strong adhesions to the sac. This was left unreduced; an abscess subsequently formed in it, attended with pretty urgent symptoms, but under the judicious treatment of Mr. Rose the patient did remarkably well.

The second case occurred to Mr. Brodie. The patient was a watchman—the symptoms commenced at 5, A.M. of the 15th December, and the operation was performed at 3, A.M. of the 16th. As in the former instance, intestine and omentum were down, and the circumstances being the same, the intestine was returned, and the omentum left undisturbed in the sac. This patient also did well.

Surgeons are now so universally impressed with the advantages of the early operation in hernia, that we shall say not a word about that. The treatment of the omentum in these cases is the point to which we would wish to direct the attention of our readers. Sir Astley Cooper, in his published lectures, (and a greater boon than these lectures, we think, has not been conferred on the rising professional generation for these many years,) makes the following remarks. If the omentum be very large—mortified—or, if it be "hardened and have a scirrhous feel," it should be removed wholly, or in part, the divided vessels secured by fine ligatures, and these, one end being cut off,

* London Medical Gazette, No. V

should be left hanging from the wound. If omentum alone adheres to the sac, *it may be freely separated and returned.* So far, Sir Astley; Mr. Brodie, however, thinks otherwise, and as the reporter has detailed his method of treatment, we shall take the liberty of quoting the passage, without note or comment of our own.

"In his (Mr. Brodie's) Clinical Lecture upon Joseph Haplin's case, he observed, that whenever difficulty obtained in reducing the omentum, either from its being adherent, mortified, or from its being converted into a large fatty mass, the old practice used to be to cut it off, or apply a ligature upon it. With regard to the ligature, authors are almost unanimous in disapproving of it; in fact, as Sir A. Cooper shrewdly remarks, it is renewing with increased severity what the operation was intended to relieve—the stricture on the part.

"Mr. Brodie is inclined to think that the excision of the omentum is not so devoid of difficulty and danger as some would seem to infer. If no vessels are tied, the hemorrhage may be very considerable; indeed, Mr. Hey has published two cases in which the patients nearly died of it. If, again, the arteries are tied, the ligatures cut off close, and the omentum returned, we are not sure that bleeding may not take place within the abdomen, from vessels which did not bleed while the omentum lay exposed in the sac, and which therefore were not secured: and, besides, what is to become of the ligatures? Mr. Earle related to Mr. Brodie a case of this kind, in which they were discharged through an abscess which presented itself at or near the umbilicus. The patient recovered; but, nevertheless, an abscess of the belly, which bursts at the umbilicus, cannot be supposed to be always free from danger. If, instead of the ligatures being cut close, one end of each of them be left hanging out at the neck of the hernial sac, the omentum must of course remain drawn down to the abdominal ring; and in what respect is the patient better off than if a portion of it had been left in the sac itself? There is also some danger in this case of inflammation of the cut end of the omentum, and Mr. Brodie mentioned one case in which an abscess formed in the omentum, at this part, immediately within the internal abdominal ring, and the patient died in consequence.

"He, however, stated that he did not mean to condemn the excision of the omentum in all cases, but merely to express that it ought not to be done without a very sufficient reason; and that in cases where there is not a very large quantity of omentum in the hernia, but where it is extensively adherent to the surface of the sac, it is safer to leave it where it is found, than to cut off a portion of it, or to dissect through the adhesions. The success of this practice, in the two preceding cases, is certainly in its favour. The patients are left as well off as they were before the strangulation took place; and probably better, inasmuch as it is most likely that the omentum, after the operation, must have contracted adhesions to the neck of the hernial sac, making them less liable to a descent of the intestine."

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### 2. MIDDLESEX HOSPITAL.

#### ANOMALOUS ŒDEMATODE SWELLING OF THE LEG.*

A watchman, æt. 32, was admitted in October, with an enlargement in the left leg and thigh, which had begun suddenly, as we understand it, three years previously, had never diminished, except when in the recumbent position, and was productive of much distress and suffering. His constitution was broken down—secretions imperfect, and he voided with much difficulty turbid and scanty urine. The left leg was about 22 inches in circumference, natural in colour, tender to the touch, elastic, but indenting on firm pressure. He took diuretics, was cupped and blistered for the first three weeks after his admission, when an acute attack of hepatitis came on, which was subdued only by the most active treatment. During the attack, the leg was free from pain, and had nearly regained its natural size, but the moment the hepatic inflammation ceased, the swelling, &c. of the leg returned. This happened a second time in November, on the 25th of which he left the hospital, in consequence of some expressions inadvertently used, and has never since returned. The reporter

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* London Med. Gazette, No. V.

observes, that this case bears some resemblance to phlegmatia dolens, and in a female, after parturition, might have been so considered. The symptoms, however, of phlegmatia dolens do not remain unrelieved for so long a period as three years, though, certainly a degree of swelling of the limb may remain for life. To us, it appears that the case was one of chronic inflammation of the cellular tissue generally, and this opinion is strengthened by the fact of its alternating with the acute inflammation of the liver. We have seen one or two cases, somewhat similar, occurring in patients who were much exposed to damp and cold, and where the appearance of the limb was far from being unlike that presented in phlegmatia dolens, although the disease ran on to a different and fatal termination.

### 3. ST. THOMAS'S HOSPITAL.

#### ABSCESS BETWEEN THE BLADDER AND PUBES.

This case is related in the fifth number of the Gazette. The patient was a female, æt. 42, who had been married at the age of 20, and miscarried in the sixth month. She was not pregnant again for 18 years, when she again miscarried in the fifth month. After this she did not menstruate for 18 months, when she was attacked by profuse flooding, which lasted for three days. In the following month she began to suffer from pain in the uterine and lumbar regions, and November 21st she entered the hospital under the care of Dr. Elliotson. She was sallow, debilitated, and complained of violent pain in the hypogastrium, pubes, and loins, with numbness and tingling in the right thigh. Tenderness of the hypogastrium and pubes to the touch—copious discharge of puriform matter from the vagina, occasionally tinged with blood—urine generally free, sometimes retained for two days together—general ill health. The uterus, on examination, was healthy, but the discharge dark and fetid. These symptoms were not relieved by calomel, leeches, blisters, &c. &c.—the discharge continued copious—cough came on—she grew weaker, and on the 16th December she sank.

*On examination*, there was found in front and behind the symphysis, extending beyond the external abdominal rings, so that the round ligaments passed through it, an abscess, containing dark and fetid pus, which had a free exit through the urethra. A portion of this was destroyed—the surface of the bone was rough and blackened, but not carious, whilst the bladder nnd vagina were perfectly healthy.

#### STRANGULATED HERNIA.

A case of strangulated hernia, terminating fatally, is reported in the last Number of the Lancet, which we deem it right to notice. The patient was a stout man, who had laboured under constipation of the bowels for some days, attended with pain and colic, for which, in fact, he was sent into the hospital, no allusion being made to hernia, which, however, was speedily discovered there. The swelling took the usual course of inguinal hernia—occupied a portion of scrotum—and the integuments were inflamed. The man had vomiting and hiccup—the countenance was not depressed—pulse feeble—much tenderness of abdomen. He had, according to his own account, a swelling in the part since his birth, but latterly it got larger. The taxis was ineffectually employed, and then Mr. Green proceeded to operate. The hernial sac contained much serum, and a knuckle of intestine, of a chocolate colour, was found, partially adherent to the sac. The hernia was of the congenital kind. Although the ring was freely divided, a stricture still existed, beyond the ring, girting the intestine. This being cut through, the gut was readily returned. It is the practice of Mr. Green not to give any purgative medicine for some hours after an operation for hernia, and this practice was followed in the present instance. The reporter, however, seems to have discovered a mighty flaw in the GAZETTE account of the case—namely, the administration of a couple of glysters *immediately after* the operation, instead of some sulphate of magnesia the next day at noon! Most important mis-statement! This beats the Lancet hollow. That veracious instrument never committed such an error, wilfully or accidentally! But, allowing that the enemata had been administered immediately after the operation, it would not have been an infraction of the precept laid down by Cline, and

followed by Green—that of not disturbing the bowels too soon by purgative medicine. The enema merely empties the colon, and does not affect the small intestine. But this is a piece of knowledge far beyond the scope of the reporter's sensorium. The patient died in three days after the operation, and no dissection was permitted. This case is spun out with the most tiresome verbiage in the Lancet, to the extent of four columns! Surely some of the reporters must be paid by the *acre* rather than by the *sheet* of letter-press which they blacken in every volume of the LANCET!

## 4. ST. BARTHOLOMEW'S HOSPITAL.

### FRACTURE OF THE FOURTH AND FIFTH CERVICAL VERTEBRÆ.*

We cannot but congratulate our contemporary on his HOSPITAL REPORTS. They seem to be given in a spirit of great candour and fairness, and the cases are generally interesting, whilst they are unalloyed by that sickening ribaldry and slang which grace this department of the Lancet. This is as it should be.

*Case.* G. F. æt. 45, was admitted under the care of Mr. Vincent, at 8, A.M. Dec 18th, having fallen on the back of his head from the top of a loaded waggon, by which he was stunned for the time. On admission, the occipital bone was found denuded of its pericranium for some extent—pulse small and feeble—sensibility and motion diminished in the upper and lower extremities—pupils contracted—priapism—respiration chiefly diaphragmatic. When Mr. V. saw him at half-past twelve, there was complete paralysis of the lower half of the body, with pain in the back of the neck, where a projection could be felt, in the situation of the fifth cervical vertebra. The pulse rose, and at 12, P.M. he was bled to ℥xvij. Next day, the paralysis of the upper extremities had increased; he passed his stools involuntarily, and the bladder required the introduction of the catheter night and morning. He was bled and purged, but without any amendment, and on the 21st he died.

DISSECTION. The base of the spinous process of the fourth cervical vertebra was fractured, and its right articulating process thrown forwards on the fifth, the body of which was completely fractured through at its upper part. Blood was effused between the vertebræ and the theca, which was not torn, whilst the chord in the situation of the fracture was much swollen and softened, but not lacerated. Slight vascularity about the neck of the bladder.

Of what use would trephining have been here?

CASE 2.—*Morbid Growth in the Femur.* The patient was a wretched-looking creature, about 50, a martyr to rheumatic gout. The disease in the knee was of three years' standing, and had been once almost cured by an issue. The joint was greatly swollen, and projected in a conical form towards the inside of the leg. The apex appeared to contain fluid, but the rest of the tumour was firm and unyielding, like a fungous growth. There was excessive pain and constitutional disturbance; and, besides this, the poor wretch had diseased bladder and stricture of the urethra, so that he was no very promising subject for an operation. This was done by Mr. Vincent on a Saturday, and, on the succeeding Friday, the patient had a fit of the gout, and died.

On examining the tumour, much chalky substance was found in the subcutaneous cellular tissue, and on the head of the femur, the internal condyle of which was filled with a gelatinous, fungoid substance. It was something like soft soap, had broken down the bony walls of the condyle, and made its way into the joint and its neighbourhood.

It is not improbable, from the chalky deposition in the joint and around it, that this anomalous disease had its origin in the gouty or rheumatic inflammation.

### HERNIA—ADHERENT EPIPLOCELE.

The Lancet, for reasons best known to itself, though, perhaps, obvious enough to *some* others, has hunted back to the month of November, 1826, for a case exemplifying certain points of practice, lately reported from St. George's Hospital, in a cotemporary journal. The object seems to be, to shew that Mr. Lawrence is not exactly of Mr. Brodie's way of thinking,

* London Med. Gaz. No. V.

in regard to the treatment of adherent omentum. Non nobis inter vos, &c.

The patient was 60 years of age, and had been ruptured for the last thirty. He had worn a truss, though the reduction was only partial. After some unusual exertion, on the 2d of November, a further protrusion occurred—the parts became painful—a surgeon tried ineffectually to replace the rupture—and he was sent into Bartholomew's. He evidently had strangulated hernia, and all the usual means were pursued, (and minutely detailed, for the ten-thousandth time,) without success. Mr. Lawrence operated at the expiration of eight hours from the new descent. Every stroke of the scalpel is, of course, described—but we shall inform our readers, at once, that six inches of incarcerated small intestine were found, of a dark chocolate colour. The stricture having been divided, an indentation (most wonderful to relate) was found in the strictured gut—and when this was drawn down, a small opening was found in the intestine, just above the indentation. "Mr. Lawrence supposed that the bowel had been wounded by the curved bistoury." He tied a silk thread round the aperture—cut away the ends—dissected away a portion of old, adherent omentum—tied the vessels—and the whole was then dressed lightly. The reporter of this case (which occupies four deadly columns of the Lancet) does not say whether the intestine was returned into the abdomen after ligature of the perforation. The patient recovered without any bad symptoms. Under the head of "REMARKS," the reporter, who seems to have an eye to the "main chance," in the *length* of his cases, as well as his *cuts*, repeats the whole business over again, with one or two quotations from Hey, Desault, Beyer, (a *new* name in the surgical horizon) Lawrence, and Travers. The whole case is unquestionably taken from the *porte-feuille* of a *man of letters*, for a special purpose, which we need not explain.

If ever a critical reviewer and condenser was needed in medical literature, it is at the present moment, for hospital reports. The writers are paid by the sheet—and it is their interest to *dilate*—the critical condenser is paid in a diametrically opposite manner—and the consequences are obvious.

### 5. GUY'S HOSPITAL.

#### LACERATION OF THE URETHRA—SLOUGHING—FATAL RESULT.*

W. S. æt. 14, was admitted, Nov. 19th, under the care of Mr. Key, having fallen on the perinæum across an iron chain. Severe pain and inability to make water, followed the accident, and, in half an hour, the scrotum began to swell, and became red. On admission, the scrotum was greatly distended and ecchymosed on its posterior part, with slight effusion into the prepuce.

*Scarifications into the scrotum—fomentations—catheter to be kept in the bladder.*

22*d*. Had an exacerbation of fever last night, but it is mitigated this morning—ecchymosed part of the scrotum livid—cellular membrane, which has been scarified, dark and sloughy—yellow hue on the lower part of the abdomen.

*Quin. sulph.* gr. jss. *Camph.* gr. ij. *Amm. carb.* gr. x. 6*tis horis—Cat. cerevisiæ.*

Hiccough and tenderness of the hypogastrium came on, and this was so severe on the 24*th* that, to prevent infiltration, it was determined to cut into the urethra, pass a catheter through the opening, and confine it in the bladder. On doing this, it was found that two inches of the urethra, anterior to the triangular ligament, had sloughed. Bowels relaxed—pulse 130 and weak.

*Tinct. opii,* ℥ x. *ex Julep. ammon.—Arrow-root and brandy.—Quinine to be omitted.*

A slough formed at the back of the scrotum, which separated and exposed the tunica vaginalis of the right testicle. On the 6*th Dec.* an incision was made over Poupart's ligament, and a quantity of fetid pus discharged, but, on the 15*th*, the boy died. No dissection was permitted.

Mr. Key, in his remarks on this case, observed that, in common cases of ruptured urethra, leaving a catheter in the bladder generally suffices, the inflammation arising from the extravasation generally setting bounds to the escape of the urine beyond the cells of the scrotum. In this case, the infiltration was exceedingly diffused, and free incisions into the

* London Med. Gazette, No. V.

scrotum did not prevent the occurrence of extensive sloughing, which, however, was the immediate consequence of the blow, and not of the extravasation. On the 24*th*, when the pain and redness about the pubes indicated still further extravasation, a free incision in perineo was resorted to, although Mr. Key feared, at the time, that the mischief proceeded more from the sloughing of the parts about the urethra, than from impediment to the exit of the urine. This opinion was unfortunately correct, for the infiltration extended between the muscles and peritoneum as high, nearly, as the diaphragm, shewing that the fascia which forms the boundary between the perineum and cellular tissue of the pelvis had sloughed. Under these circumstances, it was deemed proper to make a free opening for any matter which might form, and support the powers of the constitution. This was all that could be be done, and this was of no avail.

The case is reported in a very creditable manner.

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### FATAL DISEASE OF THE BRAIN MISTAKEN.

A Gentleman (Mr. B.) aged about 30 years, had a fall from his horse, about the month of December, 1826, by which he was stunned, but from which he soon revived, and took no farther notice of the accident. In February of 1827, he began, for the first time, to feel deep-seated pains in his head, especially towards the occiput, and, soon afterwards, sickness at stomach, and even vomiting. These complaints gradually increased, and resisted every remedy. In the beginning of September he came up from the country to London, and went to a celebrated and eccentric surgeon. He was then very ill, and his wife told the surgeon that her husband was dreadfully afflicted with pain in his head, and sickness at his stomach. "say no more," said the surgeon—"I see what is the matter. Put out your tongue. Take this prescription, (giving him blue-pill at night, and black-draught in the morning,) and go home." He would not hear a single word of the patient's history, nor examine into a single symptom except the state of the tongue. In a week, the gentleman was much worse, and the writer of this article was sent for. The countenance of the patient, the vacant stare of the eye, and the difficulty of articulating his words, gave strong reason to suspect disease of the brain. On further examination, it was found that Mr. B. was totally blind of the left eye, and deaf of the left ear. There was considerable difficulty in clothing his ideas in language—and, indeed, there was also much confusion of thought, and some loss of memory. The pains in the head were ex-excruciating, and generally produced vomiting once or twice a day. The pulse was extremely small, and very slow—sometimes irregular—the body was emaciated—the appetite almost gone—the bowels torpid. The pupil of the left eye was more dilated than that of the right, and little obedient to the light. There was no paralysis; but there was great debility of the limbs, with staggering, on attempting to walk. There were also cramps felt in different parts of the body, which, in a few weeks afterwards, amounted to convulsions resembling epileptic fits. After this examination, and receiving the account of the fall, no man could doubt that the disease was seated in the head, and that the sickness of stomach was merely symptomatic of the cerebral disease. The diagnosis and prognosis were stated to his wife, who was greatly shocked at the intelligence, the surgeon having assured her that it was merely disorder of the stomach. Counter-irritation in the neighbourhood of the head—leechings—cold to the scalp—and gentle aperient medicines gave a temporary relief, and entirely removed the gastric irritability, which never afterwards returned. But in a few weeks the cramps rose gradually to convulsions—the emaciation increased—the head-aches continued—the pulse became as feeble as a thread—and, on the 5th December, death put a period to his sufferings. During the two months preceding death, he was daily visited by Mr. Stevenson, surgeon, Edgeware Road, and the reporter only saw him once or twice a week.

On the 6th December the head was examined. On removing the calvarium the convolutions were seen to be much flattened and compressed, which prepared us for some tumour or hydrocephalic dis-

tention. The hemispheres were very firm, which firmness gradually decreased as we receded from the surface, and approached the corpus callosum. This part of the brain was very soft. There were four ounces of clear water in the ventricles. The septum lucidum was gellatinous, and there was a large perforation in the situation of the foramen of Monro. The iter ad infundibulum was so enlarged that the finger might be readily passed down to the sella turcica. All the parts in this neighbourhood were in a state of complete *ramollissement* The thalami nervorum were very much softened, and the tractus opticus was completely rotten. The optic nerves, especially the left one, were greatly wasted. On taking off the tentorium, a tumour composed of a cluster of hydatids, apparently with some tubercles intermixed, was seen closely adherent to the petrous portion of the left temporal bone, and pressing upon the left lobe of the cerebellum, as well as upon the medulla oblongata. It had completely annihilated the seventh pair of nerves on that side—and it had raised up the fifth pair of nerves, which were seen stretched tightly over the protuberant morbid mass. It was about the size of a small pullet's egg.

The loss of hearing is thus readily accounted for on the left side ; but how was it that we had no distortion, paralysis, or loss of feeling in any part of the face, although the 7th pair of nerves was destroyed, and the fifth pair were greatly stretched and driven out of their natural situation by the tumour ?

Considering the wanton manner in which the feelings of patients are sported with by some medical men—and reflecting on the foregoing sample of indiscrimination—nay, of positive error, arising from a preposterous adherence to a preconceived doctrine that blinds the eye to every object, we should feel it, in some degree, criminal to conceal such a monstrous mode of prescribing for diseases of the most dangerous or fatal nature, without giving one's self the least trouble to investigate the history, symptoms, or seat of the complaint. We hope this will meet the eye of the surgeon who so unceremoniously decided on the nature of the above-mentioned unfortunate gentleman's fatal malady. His feelings would not be enviable, we imagine, if he suffered himself to reflect, for a moment, on the terrible consequences which must often result from such a mode of carrying on the practice of medicine.

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## THAMES WATER.

We understand that the Committee of Inquiry into the *purity* (God help us!) of the water supplied from the river to the inhabitants of this metropolis, is now sitting. We hope and trust they will do their duty. We have reason to believe that active exertions are making to enlist chemistry against cleanliness—and to persuade the town that, " what will not *poison* must *fatten*." We shall keep a very sharp look out upon the transactions of this Committee, and we promise to dissect the results of their inquiry with the sharpest critical instruments in our possession.

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## SYMPATHETIC APOPLEXY.

Some people are as tenacious of life as worms, or as animals which we may divide into pieces without destroying vitality. A gentleman, who had long shewn symptoms of what Rostan and others would have termed " *Ramollessement du Cerveau*," fell down, the other day, in a fit of apoplexy, at the age of 68, and not the slightest impression was made by cupping, leeching, blisters, enemas, and all the means which a trio of physicians (including Dr. Warren) could suggest. Mapleson left the patient for dead, after taking four ounces of blood from the head ; and he was apparently in articulo mortis, after 48 hours of general peralysis, total insensibility, stertorous breathing, glassy eyes, and " dead rattles " in the throat! The physicians parted—to meet no more—at least in that case. The ordinary physician took his leave at 12 o'clock at night, requesting to be informed in the morning, at what hour the patient died. No message having been sent, the physician called in the morning, and found, to his no small *surprise*, the patient at his breakfast, quite sensible, and with the full power of all his muscles ! ! The patient, soon after this, disgorged some pints of fetid bile, and had no return of

apoplectic or paralytic symptoms. This is one of the many cases, where *irritation* of the chylopoietic nerves will simulate diseases of the most fatal character—and especially those of the brain and nervous system generally. Nothing is more common than partial pyralysis, particularly in children, from indigestible matters in the primæ viæ; and we are convinced that many of those apoplectic attacks, from which we see people quickly recover, without any remaining paralysis, are dependent on gastric or intestinal irritation. The foregoing case is a good example.

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### LIBERTY OF THE PRESS.

We need hardly appeal to our readers, as to the fact of our having long and steadily resisted the calumnies and misrepresentations of the LANCET. For this we have been the constant theme of vituperation in that journal, for years past. Every one knows how Dr. Johnson has been abused, nick-named, and vilified in the Lancet; but few are aware that he is now threatened with the *fourth* law-suit, for daring to retaliate on a journal that is always bellowing forth about the LIBERTY OF THE PRESS, while abusing all, except the members of its own junto!

The first action was brought against Dr. J. as Editor of the MED.-CHIR. REVIEW, in the Summer of 1826. A similar action was brought against the PRINTER, for the same libel—and that for the sole purpose of *doubling* the law expenses, for Dr. Johnson never attempted to evade his responsibility. These two actions cost Dr. Johnson 700l. A third action was brought against Mr. Highley, the publisher, for having sold *to Mr. Wakley himself*, a single copy of the uncancelled journal, which had been accidentally returned to his shop, as a back number, from one of the houses in Paternoster Row! With a great deal of difficulty, Mr. Highley got the action compromised, by paying 32 pounds sterling, which Dr. Johnson considered himself bound, in honour, to repay. The fourth action is announced, for having, in our last Number, accused the LANCET, as a journal, of falsifying (through its reporters) the cases that occur in public hospitals—and of paying the highest price to those reporters that shew most ingenuity in garbling and distorting those cases occurring under physicians and surgeons, not of the JUNTO. Mr. Wakley takes all this to himself, though we have distinctly absolved him (and here repeat it) from these charges, and laid the blame on his reporters, his hireling writers—and on *some others* of the junto unknown or unseen. If Mr. Wakley will turn to page 247 of our last number, he will see, unless his vanity be much greater than his discernment, that we do not accuse *him* of bribing, with high fees, the falsifying reporters. "Will it be believed, that there are men, in this great metropolis, *who rank high in medical science*, but who are wicked enough to *expend considerable sums* in the reward of those who can invent the greatest, but, at the same time, the most plausible falsehoods, against the brightest characters in the profession." Is it possible that Mr. Wakley can be vain or shallow enough to suppose that we mean *him* in such passages? Could he get any man in London to say, in a court of justice, that *he* is the man alluded to? He knows full well he could not. In respect to the charges, then, against the LANCET, as a publication in which many are concerned, whose names do not appear, we retract not one iota of what we have advanced. If Mr. Wakley will still insist that he himself is *the* LANCET—a surgical INSTRUMENT, or a medical newspaper—why let him come into court in a shagreen case—or neatly folded up and *stamped*, price one shilling, and we swear by Apollo—

"Solem quis audeat falsum dicere."

Yea, by every God in Heaven—except MERCURY, the God of false reporters—and, therefore, perhaps one of the junto—that we will put a JUSTIFICATION on the record against the said LANCET, and verify our accusations by the greatest mass of evidence that ever came into the King's Bench or Common Pleas. Yes! and we will bring into court certain other personages, who, perchance, may wish themselves a thousand miles off on that fatal day!

"Give us the opportunity, (to use Mr. Wakley's own language, towards two of his EX-EDITORS) kind, modest Editor, of publicly extracting from these wretches, (REPORTERS) a *history of their own infamy*, and we will ever after call thee—FRIEND."

# Periscope;

OR,

## CIRCUMSPECTIVE REVIEW.

" Ore trahit quodcunque potest, atque addit acervo."

[26th JANUARY, 1828.]

### FOREIGN HOSPITAL PRACTICE.

#### 1. PENNSYLVANIA HOSPITAL.

On Delirium Tremens.

[*By Dr. Coates.*]

This mysterious and dangerous disease is very common in the United States of America, where the excessive use of ardent spirits is but too prevalent. The transatlantic physicians, therefore, have ample opportunities of studying the phenomena, the pathology, and the treatment of mania a potu, as it has been called. Dr. Coates of Philadelphia, has lately published a very extended and interesting memoir on this subject, in the North American Medical and Surgical Journal, from which we shall make some extracts in the present paper. We shall begin with the conclusions to which our author has come, from extended observation, reading, and reflection. These are in the form of aphorisms :—

" 1. The disease is a delirium, and not a mania; and this distinction should be attended to, both for medical and legal reasons.

" 2. It consists in a heightened activity of the sensorium; and this appears to arise from the generation, in that organ, of an unusual vital power, which is not, as in common, exhausted by the narcotic poisons habitually used. This is not considered as an hypothesis, but the expression of a fact existing in nature.

" 3. The delirium may be combined with other diseases and injuries, situated in many different parts of the body.

" 4. When violent, it obscures and renders imperceptible most of the symptoms of the co-existing disease.

" 5. It is doubtless necessarily accompanied, as all vital excitements are, with an unusual amount of the circulation of the blood in the organ affected; and is, from this cause, sensibly influenced by cups, blisters and emetics. It is not so far checked by the use of emetics as to render these advisable as a leading means of cure. It is not sufficiently under the control of the general circulation to be cured by venesection, or to be sensibly relieved by it without such an exhaustion as is highly dangerous to life.

" 6. It is entirely and absolutely under the control of opium; although the fevers and other diseases which are liable to accompany it may be by no means so.

" 7. It admits of very large doses of opium, which are not productive, either at the time or subsequently, of any injurious consequences, provided they are not repeated after a tendency to sleep is evinced.

" 8. The patient must *sleep or die.* There is no alternative. Yet the physician should personally watch the effect of very large doses of opium.

" 10. Purgatives are of no use in this delirium; but it is necessary to prevent costiveness subsequently to the administration of opium. Purgatives may be necessary for diseases which exist at the same time; but when this is the case, they are, in general, most advantageously postponed till after sleep has been obtained.

" 11. Gentle stimulants are frequently useful during the convalescence; but these should not resemble ardent spirits; and an excellent and sufficient one is capsicum. Nor should any ardent spirits, unless indicated by peculiar circumstances, be given during the paroxysm."

From the second aphorism, it will be seen that Dr. Coates considers " a heightened activity of the sensorium," as the pathological condition of the brain,

in delirium tremens, though the disease may be complicated with, or produce an increased activity of the circulation, or inflammatory action in the organ. We believe this pathology to be as near the truth as any that has yet been adduced, and therefore we shall not dwell on this part of the investigation, but proceed, at once, to the treatment.

In the United States, this is a *combination* of several modes of practice, varying with the existing condition of the patient. This is probably the best—but still, as Dr. Coates observes, it would be desirable to have some fixed principle for our guidance in pure and unequivocal cases. Thus it would be proper to have made up our opinion whether the disease be inflammatory or nervous, for if we proceed on the former principle, we shall do much mischief. If the disease be complicated with other affections, as bilious fever, pulmonic inflammation, &c. we should modify our practice accordingly. Bred up in the Pennsylvania Hospital, Dr. Coates' first experience was with the stimulo-narcotic treatment—the narcotic, however, being in much smaller doses than are now employed. Our author was shocked with the mortality that obtained. He saw, for example, three men die in succession of delirium tremens, who came in with fractures.* Those who recovered, were invariably observed to fall into a long and quiet sleep, as a prelude to the cessation of the disease. Those who died never experienced this "solace of their woes," before dissolution.

"A patient belonging to the ——— theatre, was referred to my charge, during a delirium tremens of extreme violence. From a form at the commencement entirely intermittent, his delirium had become continued, increased greatly in violence, and resisted the action of very large doses of opium, carried, in one evening, beyond the amount of twenty grains, and accompanied by considerable quantities of alcoholic drinks. In this situation, his pulse rapidly declining, while the delirium was regularly increasing, and after the disease had continued upwards of a week, I judged that, according to ordinary experience, the patient must certainly die, unless he obtained sleep. I gave him six grains of powdered opium every hour, visiting him, and carefully watching the effect of the sedative at every dose. It was not till thirty-nine grains had been thus administered, that a decided tendency to sleep was observed. Rest, however, not being obtained, another dose was given, making forty-five grains; and full sleep was produced within another hour. Next morning, the patient awoke *perfectly rational*. Delirium returned, in a slighter degree, for several nights following; and minor doses of opium continued to be given for a long time after; longer than I now ever find necessary. But the patient's life was saved; and he recovered sufficient strength to struggle with a long and severe surgical disease, to regain his health, and return to his professional employments. He subsequently died of yellow fever, at New Orleans."

Another patient recovered by the administration of 400 drops of laudanum in five hours. The impression made by these two cases induced Dr. Coates to act afterwards on the principle "THAT SLEEP MUST BE OBTAINED AT ALL HAZARDS;" and this, we are informed, led to a success which, as time advances, has more strongly confirmed him in the belief of the propriety of the said principle. Wherever time has been allowed for the administration, by repeated doses, of a large amount of opium, this practice was always successful in curing the delirium. In some cases, the patients ultimately died of inflammation in some viscus, but this does not impeach the principle laid down. The following extract will give a sufficient idea of Dr. Coates' practice.

"To produce any impression of whatever kind, during this disease, opium must be given in doses increased enormously beyond those which are requisite for ordinary purposes. Five or six grains alone, are, in a case of any severity, absolutely a nullity—they will not drive away a single spectre. The successful amount with me, has generally been from twelve, to twenty-eight, or thirty grains; but in an honest judgment, I can assign to it no limit. I have never seen, read of, or heard of, an instance in which it was productive of any harm."

* Was not this disease the "TRAUMATIC DELIRIUM" of Dupuytren, described in our last Fasciculus, page, 435.

"The only rule by which I would be, and have always been guided, is the following. A certain effect is to be produced, *coute qui coute;* and we must go on exhibiting opium in considerable doses, at such short intervals as are sufficient to permit its accumulation in the primæ viæ, until enough has been taken to produce sleep. I have generally given it every hour; but when sleep appears actually approaching, a somewhat longer interval may be allowed, to ascertain the fact, without much hazard of defeating the plan of cure. If the case be a slight one, I have left doses amounting to five or six grains with the attendants, directing them to proceed with it, either until sleep was produced, or the medicine had all been taken. Upon the failure of one trial like this, a much larger amount must be employed; and where considerable doses are given at every time, it is indispensibly necessary that the physician should superintend their effects himself, visiting the patient after every fresh administration, and watching for any disposition to drowsiness. Where this has not yet appeared, there is not the least danger to be apprehended; as we believe it may be safely denied that there is a case on record in which any injury was sustained."

Dr. Coates makes many judicious remarks on various other modes of treatment that have been recommended, and also on some auxiliary remedies that *may* be occasionally employed; but these we shall pass over. He, also, gives the corroborative testimony of several respectable American physicians, as to the efficacy of large doses of opium in delirium tremens—a practice which we believe to be the best and the safest that can be followed in this dangerous malady.

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### 2. HOTEL DIEU.

CASE OF HYDATIDS OF THE LIVER CURED BY OPERATION. By M MARTINET.

It is now well known that hydatids, whether they be morbid growths or living animals, invade almost every structure in the human body. They vary according to the part in which they grow. Those of the liver are inclosed in a cellular or fibrous cyst, developed at the expense of the cellular tissue of the organ, and are found floating in a liquid, sometimes serous and clear—sometimes puriform and turbid; the latter probably from inflammation occurring in the parietes of the cysts. In proportion as the cysts expand, the larger hydatids burst—their debris become mixed with the fluid—and the fluid itself acquires a turbid appearance. We are nearly in the dark as to the causes of these hydatid formations in the liver. They have been observed more frequently after contusions of the right hypochondrium than under other circumstances; but these cases are far from proving the etiology of the disease. Like all other organic diseases of this viscus, hydatids produce little or no inconvenience till their size begins to disturb the function of the organ, and occasion an enlargement of the right hypochondriac region. Even then, it is next to impossible to diagnosticate with any degree of certainty. When there is a prominence, accompanied by a fluctuation, we may conjecture, with some degree of probability, that there is either an hydatid formation, or a collection of purulent matter—in either of which cases we imagine there can be little objection to an operation. We shall now proceed to the case under consideration.

*Case.* A ship-painter, named Damenge, aged 20 years, of strong constitution, and who had enjoyed habitual good health, with the exception of some attacks of colic, fell from a stage, on the 26th April, 1827, to a distance of ten or twelve feet, and was picked up insensible. On the next day, a slight yellow tint was perceived on his countenance, which soon spread over the whole surface of his body; but, as his health was not affected, he returned to work on the 28th of the same month. On the 30th, he felt pain in the right hypochondrium, and he could not lie on either side in bed. The pain in his side was accompanied by a retraction of the corresponding testicle, to which were added thirst and fever. This state continued till the 3d of May, when he was received in the HÔTEL DIEU.

There was now very little fever—a slight yellow tint pervaded the surface of the body—tongue scarcely white—no head-ache—no pain in the right shoulder

—constipation during the last four days. In the right hypochondrium, there was a tumour, of irregular form, but not lobulated, extending from the ensiform cartilage to the edges of the false ribs, (which were a little raised) downwards to below the umbilicus. Pressure produced but little uneasiness, and the sense of touch discovered the presence of several bodies, somewhat hard, salient, unequal, and pulsative. The pulsation was considered as *communicated* from subjacent vessels. In several points, an obscure fluctuation was perceptible. Percussion elicited a very dull sound from the whole of the upper and right side of the abdomen, down as low as the right flank. On striking various points of the abdomen with one hand, while the other was kept steadily on the tumour, no shock was communicated to the latter. The application of the ear to the parts communicated no sound—but rather an absence of all sound. *Venesection—low diet.*

On the 4th May, a very fine trocar was introduced into the part where fluctuation had been least equivocal, and a cupping-glass applied. A few drops of limpid fluid escaped by the aperture. During the succeeding days, the health of the patient improved, and the icterus diminished. A caustic of potassa fusa was applied on the most salient point, under the false ribs—this was repeated on subsequent days. Mean time, the tumour seemed to get flatter, and lessened in volume. On the 15th May, the eschars fell off, and, on the 19th, the tumour opened spontaneously into the bottom of the wound, and discharged a great quantity of yellow fluid, containing numerous hydatids. The diameter of the opening was about half an inch. Three basins were quickly filled with this discharge, and innumerable hydatids, of various sizes, up to that of an egg, (elongated in passing) were disgorged, with great diminution of the volume of the abdomen. The majority of these acephalocysts presented transparent coats, two or three in number, containing an aqueous fluid, which soon turned opake, on being exposed to the air. During the next few days, there was a considerable discharge of hydatids, and the patient continued free from fever. Some mild fluids were injected, from time to time, and returned nearly colourless. The hydatids that issued on the 23d of May were of a yellow colour, apparently tinged with bile. The tumour had greatly subsided, and a pretty tight bandage was kept round the abdomen. The injection returned this day, rather fetid in odour. *26th.* The injection returned much less fetid. In the course of the following days, an injection, composed of decoction of bark and solution of chloruret of lime, was employed, and produced some smarting pain. On the 5th June, a slight diarrhœa came on, which was remedied by a more restricted diet. On the 11th June there could not be more than four ounces of injection thrown into the cyst; and, by the 22d of the same month, it was impossible to introduce any thing. *5th July.* A slight discharge of purulent matter takes place every day, and the wound is closing fast. On the 6th July, the discharge presented the odour of feculent matter; and, next evening, some fragments of pease, eaten at dinner were unequivocal in the discharge from the wound. From the 8th till the 20th of the same month, portions of undigested aliment presented themselves among the discharge, which was always of a stercoraceous odour. Sutures were tried to close the fistula, but they failed. On the 30th, the patient left the hospital, in perfect health, with the inconvenience, only, of a small stercoraceous fistula. In the early part of August, he presented himself at the HÔTEL DIEU, with the fistula completely cicatrized, and his health excellent.

We consider the above as a very interesting case, the details of which are stated with equal modesty and perspicuity. It may tend to diminish the fear of giving vent to hydatid tumours, (especially in the cautious way practised on this occasion) which has been inculcated by various surgical writers, down even to the present day.

### STRICTURE OF THE LACHRYMAL DUCT.*

During Mr. Teale's attendance on M. Dupuytren's practice at the Hôtel Dieu,

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* Mr. Teale. Ed. Journ. Jan. See also an excellent paper on the anatomy of these parts, in the November Number of the Medical Repository, by Mr. Reeve.

he was much gratified at the success of that surgeon's treatment of stricture of the lachrymal duct. The operation consists in the simple insertion of a metallic tube into the lachrymal canal, over which the integuments are to be healed. M. Dupuytren is said to be successful in nineteen out of twenty cases. The canula, which is of silver, gold, or platina, is one inch in length—its upper opening measures one tenth of an inch—the tube gradually tapering from its upper to its lower opening, the diameter of which measures one twentieth part of an inch. The lower opening is placed obliquely, and the upper one is surrounded by a small rim, to prevent its sinking too low into the duct. The surgeon having punctured the lachrymal sac with the point of a bistoury, inserted close below the tendon of the orbicularis palpebrarum, leaves the instrument there as a director, till the canula is insinuated along it into the lachrymal canal. The bistoury is then withdrawn—slight pressure is made upon the upper part of the canula, so as to imbed it in the canal—and the operation is completed. The patient is then directed to blow down the nose, at the time that pressure is made upon the nostrils, by which the tube is freed from any blood that may have accumulated in it, while the air issues out at the incision, shewing the free communication established between the nostril and sac. Mr. Teale has detailed some cases of his own, successfully treated upon M. Dupuytren's plan.

### On the comparative Results of Amputation in Military and Civil Hospitals, and on the Field of Battle. By M. Sanson, Surgeon of the Hôtel Dieu, Paris.

It is a common remark, that amputations succeed better in military hospitals, and on the field of battle, than in civil hospitals. This is true, generally speaking. But what, says M. Sanson, are we to conclude from it? Is this superior success owing to greater dexterity in the operator, or a better mode of operating, or more care afterwards? We agree with him, that such a conclusion would be unfair, as well as erroneous. The difference of results, then, he thinks, are to be sought in other circumstances, as the age, sex, state of health, and moral dispositions of the patients.

1. *Age.* Soldiers, generally speaking, are young, or, at all events, in the prime of life. Those operated on in civil hospitals are, for the most part, beyond the medium age of soldiers—and exhausted by poverty, intemperance, or over-exertion.

2. *Sex.* A good number of amputated patients, in civil hospitals, are females—and, according to our author, females who have deranged, or completely obstructed menstruation, which operates injuriously on their health, and renders the success of amputation more problematical. This, we think, is rather an unsatisfactory reason.

3. *State of general Health.* Unquestionably, the soldier has an immense advantage, in this respect, over the wretched objects which undergo amputation in civil hospitals.

4. *Moral Dispositions.* The soldier, says, M. Sanson, marches into the field of battle at the risk of life, and, therefore, thinks himself well off with the mere loss of a limb. In other respects, he is free from care or anxiety. A pension, or a domicile in some place under government, insures him an honorable existence. He submits not only cheerfully to amputation, where it is necessary, but even cuts jokes on the occasion. If he loses a leg, he saves half the expense of shoes and stockings! The moral frame of the artisan's mind is in a very different condition, when doomed, in a civil hospital, to the loss of a limb. Worn out with penury and disease before he enters the hospital, he sees all his hopes of a cure vanish into air, and finds himself obliged to undergo an operation, that deprives him of a member which he can ill spare, in gaining a subsistence, or maintaining a family. It is no wonder that this depressed condition of the mind takes away all chance from the body, and often renders him the victim of an operation, however well performed.—Repertoire.

M. Sanson has overlooked one very important cause of the difference of success in this and other operations, equal in themselves;—namely, the difference of

air in a civil hospital, and in a camp, or military hospital. The two last situations possess infinite advantages in this respect over even the best provincial hospitals: and, if so, how much more salutary must they be than the smoaky, and malarious hospitals of a metropolis!

### 3. HOTEL DIEU DE ROUEN.

#### EFFECTS OF FEAR. M. HELLIS.

Many curious instances are on record of the effects (some of them fatal) produced by sudden emotions of the mind. Barthez relates the case of a woman, who, having let fall her infant child, was instantly stricken with paralysis of one of her arms. M. Hellis lately witnessed a somewhat similar incident. A young girl, 12 years of age, having had the curiosity to be present at an execution, against the consent of her parents, was so horrified when the criminal's head was struck off, that she immediately became paralytic of one arm. She was under treatment three months at the Hôtel Dieu, without the least relief, and has since been discharged uncured. This girl evinced not the slightest indisposition, in any other respect, and M. Hellis thinks that, had she died immediately after the paralytic attack, no structural cause of the paralysis would have been found. We are by no means so certain of this. He attributes the production of paralysis, in such cases, to a kind of spasm or convulsion—and compares the accident to one of those violent mental emotions, where the individual's voice is instantly taken away, the respiration rendered short, and the heart's action disturbed. Further, he compares the paroxysm of terror to a concussion of the brain, which bereaves the individual completely of power for the time, or even destroys life, without leaving any appreciable lesion of structure, on dissection.

*Case* 2. A young girl, of nine years of age, was so frightened by dogs, that she fell down senseless, and, in this state, was conveyed, a few hours afterwards, to the Hôtel Dieu. When examined there, the pulse was calm, the sensibility of the skin was perfect, the countenance was more animated than in health, the eyes wandered without any fixed regard—all voluntary movement was abolished, but there was no rigidity, nor did the members appear to be in a state of common paralysis. Deglutition was very difficult. An emetic was administered, and produced some trifling effect, and, next day, some leeches were applied to the neck, without any benefit. On the fourth day she suddenly expired.

*Dissection.* The dura mater and arachnoid appeared perfectly healthy. The brain was carefully sliced, but presented no alteration or morbid appearance. The ventricles contained a very small quantity of limpid serum, and their lining membrane was healthy. The cerebellum was sound, as were the contents of the spinal canal. The lungs, the heart, the liver were healthy. The gall-bladder was full of green bile. The stomach was unaltered. The pharynx was the only part that offered traces of inflammation, and that to no great extent.—BIBLIOTHEQUE.

The foregoing is certainly a very striking instance of the powerful influence of mind over matter. The longer we live, the more are we convinced that a great many disorders and diseases ranged under the etiology of physical causes in our nosological books, are produced by emotions of the mind.

### 4. HOPITAL COCHIN.

#### HYDRO-PNEUMO-THORAX. VALVULAR DISEASE OF THE HEART.

The following interesting cases have been officially published from the CLINIQUE of the above hospital.

*Case* 1, *(Pneumo-thorax.)* H. Bornier, aged 22 years, had been affected, for a considerable time, with varices and varicose ulcers of the legs, and for two years past he complained of pain in the chest and difficulty of breathing. His digestion was bad—his legs were œdematous—he had very strong palpitations of the heart—and he could take no exercise without danger of suffocation. His pulse was full, hard, and quick. In this state he was received into hospital, on the 13th June, 1827. He coughed much, and expectorated a yellowish flocculent matter—complained of deep-seated pain between the

shoulders. By leechings and low diet these symptoms were considerably mitigated; but on the 18th fever was rekindled, with pain in the right side of the chest. Leeches, aperients, and diluents again employed; but without the dyspnœa—the muco-purulent expectoration—the quickness of pulse went on;—and, on the 25th, the parietes of the chest appeared elevated—little or no respiratory sound could he heard in the right side, which, on percussion, was very sonorous, and salient. He went on in a wretched condition till the 29th, when he died.

*Dissection.* A trochar was pushed into the right side, when a large quantity of air rushed out. On opening the chest, the right lung was found compressed against the vertebral column—its lower portion and also the diaphragm were covered with false membranes—five ounces of transparent fluid in that side of the chest. The fistulous opening in the lung was found near the summit, and communicated with a very small cavern in the superior lobe. Through this fistula the air escaped and produced the pneumothorax. There were many crude tubercles in the lungs. The mucous membrane of the trachea was much inflamed, and covered with muco-purulent secretion. All the other parts were sound.

*Case 2, (Disease of the Heart.)* Eliza Beaugrand, aged 17 years, of pallid complexion, and delicate constitution, fell down about two months previously, deprived of sense and motion. From that time, till her entry into hospital, (15th June,) the extensor muscles of the left hand remained paralytic, notwithstanding the use of strychnine. On the 17th the paralysed hand was much infiltrated—18th, the lower extremities were observed to be œdematous—and, on the 20th, the state of the heart was examined. She had never experienced palpitation—the action of the heart was rather strong—and the whizzing, or bellows noise, (bruit de soufflet,) was loudly heard by the ear. On the 22d, when the hand was placed on the region of the heart, a trembling sensation (fremissement) was felt, which it is difficult to describe, but which can never be forgotten after being once felt. In the beginning of July, the dropsical infiltrations, and the bellows sound increased—and bronchitis was added to the other disease. There was complete orthopnœa. She died on the 14th July.

*Dissection.* On one side of the right olfactory nerve, there was found a purulent depôt, an inch and a half in length, by three lines in depth, containing white matter, intermixed with granulations of more firm consistence. The auriculo ventricular valves of the heart were indurated—one being of a fibro-cartilaginous texture, the other partially ossified.—*Journ. Gen. de Medecine.*

*Remarks.* It is very uncommon to find an apoplectic and paralytic affection in a person so young, and of such a constitution as the above female. It is still more rare to see induration of the mitral and tricuspid valves at the age of 17 years. The trembling sensation conveyed to the hand, in such cases, is very remarkable—but the noise of the heart's action, as heard through the stethoscope, or by the naked ear, is still more striking. We have compared it, on other occasions, to the noise made in churning—and, in fact, the valvular imperfections above described, do actually produce a tumultuous motion of the blood in the different chambers of the heart, resembling the motion of milk in a churn. At every contraction of the ventricles a portion of blood is ejected into the arteries, while another portion regurgitates into the respective auricles. This is a terrible disease; the sufferings which it occasions in the animal economy are dreadful; and death is the greatest blessing that can come on the wretched patient! These sufferings are often aggravated by ignorance of the real nature of the malady—a malady which we maintain can only be ascertained by proper examination of the chest. Let those who neglect or obstruct the study of auscultation, ponder on the responsibility which they incur by their conduct—and let them, moreover, be informed, that all their neglect and obstruction of the said study, will have no ultimate effect in preventing the cultivation of a physical mode of diagnosis, which is almost the only one, in pathology, that is not imbued with error!

### 5. HOPITAL ST. LOUIS.

#### URTICARIA TUBEROSA INTERMITTENS. By DR. CAZENAVE.

DAUBENTON, aged 33 years, entered the St. Louis Hospital, on the 2d December, 1825, and was discharged on the 1st November, 1826, after a sojourn of 333 days. Four years previously he caught the itch, of which he was cured by the usual means. After taking a warm bath, at the completion of the treatment, he was seized with a violent rigor succeeded by intense heat, and ultimately profuse perspiration. At the same time, the left elbow and left knee swelled, and presented a number of irregular nodosities, of vivid red colour, and accompanied by insupportable pricking heat. This paroxysm (for so it deserves to be called) lasted eight hours, and then ceased, leaving the parts above-mentioned covered with dark-coloured patches, that disappeared under pressure. On the succeeding evening, at the same hour, Daubenton was seized with a similar paroxysm in all respects, which lasted six hours. The swellings and nodosities in this paroxysm were on the opposite side of the body. From this time, he was regularly seized, every day, with an attack similar to the first, except that almost every part of the body became, in succession, the seat of the swelling, irritation, and eruption. Ulcers formed on the ankles, and he was soon confined to bed, in a most miserable condition. At the end of a fortnight he was carried to the HÔPITAL DE BEAUVAIS, the paroxysms having now augmented in duration and intensity. The tumefaction of the lower extremities was now permanent and enormous, the skin being almost black. Venesection, blisters, sulphureous baths, were employed in this hospital, by which the complaint was much mitigated; but, as soon as he began to move about the wards, he relapsed as bad as ever. After four months residence in hospital, he went out in the above-mentioned condition. He came to Paris, and, after a few months, repaired to the HÔPITAL ST. ANTOINE, where he stayed nine months, undergoing a variety of treatment, with the effect of reducing the disease from a quotidian to a tertian, and sometimes a quartan form. This amelioration was attributable to bark, which he took in powder. He went out of hospital in this state, and contracted a syphilitic complaint, of which he was cured in the HÔPITAL DES VENERIENS, the original malady still continuing, though considerably mitigated. The unhappy Daubenton now supported a miserable existence, by working during the early part of the day, betaking himself to bed every evening, under a paroxysm of the pristine affection. At length he presented himself at the ST. LOUIS, and there the periodical accessions of the disease, as already described, were unequivocally ascertained. The paroxysms generally lasted four or five hours, accompanied by the swelling and eruption above-mentioned. On minute examination, during the remissions, no organ of the body appeared to be disordered in function or structure. Having now again become affected with itch, he went through the usual regime for that malady, and was cured of it. The sulphate of quinine was then administered, in doses of eight grains per diem. The paroxysms were stopped by this remedy, and he remained eight days free from complaint. He procured wine secretly —committed a debauch—and again the original malady returned. This relapse was accompanied by inflammatory symptoms, which obliged them to omit the quinine, and prescribe antiphlogistics for a fortnight. Again the quinine was administered, and, in twelve days, the paroxysms were stopped. The intermission lasted a month, when the disease returned, without any appreciable cause; but in a much milder form. M. Biett now determined to employ arsenic; and Fowler's solution was administered, at first in doses of five drops per diem. The paroxysms ceased after the fifth day of this treatment. The remedy was obliged to be suspended for eleven days, on account of some enteric affection, but the original malady did not appear in that interval. The solution was then recommenced, and continued for 26 days, at six drops the dose. The malady returned no more, and the patient was retained six weeks in the hospital, after cure, in order to be sure that he was free from complaint.—BIBLIOTHEQUE.

The above we conceive to be a very interesting case, and certainly it does credit to the arsenic, which, in this, as in many other periodical affections, is even superior to the quinine.

### 6. ROYAL INFIRMARY OF EDINBURGH.

#### FRACTURED RIBS.

Some time ago, a person, who stiled himself ERINENSIS, took to writing letters in the Lancet, which, though frothy and superficial enough, still had a degree of talent and wit in them, and might have made excellent briefs for a second-rate Irish barrister at the Old Bailey. Such, however, was the success of this *gentleman* from Dublin, that Edinburgh, determined not to be behind-hand, sent forth her champion under the designation of SCOTUS, who followed his predecessor "haud passibus æquis." Whether the REPORTS of SCOTUS be true or false we cannot pretend to say; if, however, they are the latter, there are plenty of channels now open to the medical officers of of the Royal Infirmary to expose their misrepresentations, and it is their own fault if they do not take advantage of them. In No. 228 of the Lancet the following case is related.

W. G. æt. 68, broke his 6th and 7th ribs, near the angles, by a fall on the 25th September last. He applied no bandage, and walked about as usual until the 3d October, when he entered the infirmary, under the care of Dr. Hunter. He had then severe pain in the side, dyspnœa, pulse 100, bowels costive, tongue white. V.S. ad ʒxxx. with relief. On the next day the stethoscope indicated "an alteration in the pulmonary tissue" in the situation of the fracture. On the 6th he was bled to ʒxvj. and this not giving relief, a second bleeding was practised, after which he went on well until the 11th, when he had a rigor in the night, and inflammation took place in the vein which had been opened. Incisions were made into the arm, as it was generally swollen, and it was enveloped in ice, by which means, aided by bleeding and salines with antimony, the pain and swelling of the limb gradually subsided, and little remained except a short cough, and pain in the side. On the 21st, he had severe dyspnœa, which was relieved by a blister, but returned, on the 23d, with excessive pain in the neighbourhood of the fractured ribs. On examination, there was found an inflamed, circumscribed, and fluctuating tumour, reducible by pressure and position apparently into the cavity of the chest. On the 4th November Dr. Hunter, after a short consultation with his colleagues, made an opening into the pleura, between the 6th and 7th ribs, where the tumour was most prominent, and gave issue to a "few ounces" of healthy purulent matter. The Doctor, we are informed, passed his fingers between the fractured ends of the ribs, and distinctly felt their rough extremities, no attempt at union having taken place. A piece of oiled lint was introduced into the wound, the discharge from which progressively diminished, until the 25th of December, when it had entirely cicatrized, and the patient is to leave the hospital in a few days.

We agree with the reporter, that this is not to be considered as a case of empyema, or as in any degree affecting the question of paracentesis thoracis in that formidable disease. We are not quite satisfied, however, that the formation of matter, in this case, depended exclusively on the fractured ribs, for, if so, it ought to have given note of its existence sooner. It evidently shewed itself subsequently to the inflammation of the veins of the arm, and every one who has seen many of these cases of phlebitis, after bleeding, must be aware, that inflammation and the deposition of matter in the pleural cavity is by no means an unfrequent result. We do not mean to deny, that the fracture may have had a share in the production of the disease, but we certainly are of opinion, that the affection of the veins had also a share, and that a considerable one, in its development.

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### 7. MEATH HOSPITAL, DUBLIN.

#### DRS. GRAVES AND STOKES ON CUTANEOUS DISEASES.

Every one knows the difficulty of curing cutaneous diseases; which is about as great as the anxiety of patients to have cures speedily effected. Accordingly skin-doctors are in as great demand as spine-doctors—sometimes more so. It is wonderful how much may be done by the milliner in concealing a distortion; but an unsightly eruption on the face, the os sublime by which Heaven is said to have distinguished man from all other animals, though, in reality, a monkey's

face looks more *upwards* than that of the philosopher, is a terrible defect, and the removal of it is eagerly sought, even at the expense of some more important malady.

We are informed by the physicians above-mentioned that, at the date of their reports, they had, in the Meath Hospital, a young girl, labouring under the severest form of psoriasis, affecting not only the scalp, face, and extremities, but almost the whole surface of the body. A most abundant desquamation of silvery white scales was constantly taking place, so that handfuls of them could be gathered in her bed every morning. Her skin was almost universally of a bright red colour, and was very itchy—pulse 100, and strong—thirst—but otherwise healthy. She was twice bled—put upon low diet—and leeches were repeatedly applied to the most inflamed parts of the surface. In the mean time, she took daily, a pint of decoctum sarsæ, with two drachms of supertartrate of potash. When the inflammatory symptoms had subsided, sulphur was exhibited internally, with warm baths containing sulphuret of potash. The disease diminished for some time, and then made a stand against the doctors. Jar-ointment, and afterwards the ung. hydrarg. nitrat. were employed, with good cleansing of the surface, and sulphur internally continued, by which means a complete cure was ultimately effected.

"In squamous diseases, more limited in their extent, we have successfully used a similar method of treatment; except that in such cases general bloodletting may be often dispensed with, as the repeated application of leeches to the affected parts is sufficient to subdue the active inflammatory stage of the disease. The only difficulty which occurs in the treatment of squamous diseases, is to determine the proper period for leaving off the local antiphlogistic applications, and changing them for stimulants. The latter, if applied too soon, will aggravate the disease, and when this is found to be the case, they should immediately be laid aside, and the application of leeches, poultices, and cooling lotions again be resorted to."

Hitherto Drs. Graves and Stokes have met with no case of scaly disease, which has resisted this simple method of cure. They have also extended these principles to the treatment of chronic pustular and tubercular diseases, and with considerable success. A similar treatment they have found efficacious in a case of sycosis menti—and they have used it, with marked advantage, in porrigo of the scalp, or tinea capitis. Recent cases of porrigo, they say, yield readily to the application of leeches to the head, with poultices repeated till the inflammation of the scalp is subdued. This may be known by the decrement or disappearance of the heat, redness, and soreness of the scalp. As the formation of pustules depends on the inflammation, their development will cease with the removal of the cause; and the cure may then be readily effected by the use of the tar and citrine ointment. It is hardly necessary to remark, that the preliminary steps of lulling the pain, shaving the head and applying poultices, alkaline solutions, &c. till the scabs are softened and removed, are necessary. Even in very chronic cases, they have found it best to commence by leeching the head; but recent cases require, of course, a more antiphlogistic treatment than chronic.

In many cases of scald head, where circumstances have prevented leeching in the first instance, poultices, with an ounce of the liq. acet. plumbi, have been substituted with advantage. In children, this will often succeed in reducing high inflammatory action. In one case, however, the continued application of the acetate of lead produced something like colica pictonum. The following remark is worthy of attention. "There can be no doubt that the sudden drying up of cutaneous diseases has occasionally produced dangerous internal complaints. This danger does not seem to attend their cure by the antiphlogistic treatment, which, when prudently conducted, diminishes the tendency to inflammatory action in the constitution, and does not, like merely topical applications, destroy it in one part, only to re-appear in another."

## TRANSACTIONS OF SOCIETIES.

### 1. ANEURISM.

In a late sitting of the Westminster Medical Society, Dr. Barry furnished a subject for discussion—namely, that of *internal* aneurism. The reason for the *internal* consideration of the subject was humourously enough grounded on the distinction between physic and surgery. Thus, till an aneurism points above the clavicle or below Poupart's ligament, it is, of course, the property of the physician—but the moment it overleaps these boundaries, the surgeon claims it as his prescriptive right! True it is, that the surgeons *sometimes* invade the domain of the physician. Cooper and Abernethy ought to be prosecuted and fined by the College of Physicians for digging into the abdomen—a soil in which they had no right to plunge a spade; while Wardrop and many others have passed the line of demarcation, in an opposite direction, and have theatened to tie up the ventricles or auricles of the heart itself, when affected with aneurism! We have a plea for canvassing the opinions and practices of *both* parties—because, like Tyresias, of old, we have served in both capacities.

If aneurism were as common in ancient as in modern times, it is wonderful that it should have escaped the observation of Hippocrates and Celsus. The latter clearly understood the difference between veins and arteries, and observed that wounds of the latter would not heal. "At arteria incisa neque coit, neque sanescit; interdum etiam, ut sanguis vehementer erumpat, efficet."—*Lib.* ii. But the word aneurism does not occur in his writings. He describes *varices* of the veins of the leg, and directs them to be cut out, having first placed a ligature above and below the tumour. In wounds of the veins, too, he directs a ligature above and one below the wound, and then the vessel to be entirely cut across. "*Venæ*, quæ sanguinem fundunt apprehendendæ, circaque id quod ictum est, duobus locis delegandæ, intercedendæque sunt."—*Lib.* v. It must not be said that Celsus here means an artery when he speaks of a vein; for he has minutely described the differences between these vessels, not only in their coats, but in the kinds of blood which they contain.

If this opinion be doubted, we have the authority of Sprengel on our side. Ætius seems to be the first who distinctly notices aneurism, when speaking of Philagrius. He says that that bold surgeon excised the aneurismal tumour in toto, having first tied the artery above and below. Paulus Eginetus, and almost all the surgeons of the middle ages, followed the above method; which afterwards fell into disuse. Lanfranc was the first to recommend the actual cautery to the aneurismal opening in the artery, which advice was adopted by Fallopius. Marcus Aurelius Severinus appears to have been the first who tied the femoral artery close to Poupart's ligament, for an aneurism at the top of the thigh.* Thus, till the sixteenth century, the treatment of aneurism was by ligature—and, in some rare cases, by excision of the tumour. At this epoch, John of Vigo tried compression and styptics, which were employed by Ambrose Paré, Fabricius Hildanus, &c. About the middle of the seventeenth century, the tourniquet was employed by some surgeons, to check the flow of blood into the aneurismal sac, while various contrivances were adopted to make pressure on the tumour itself. Passing over these, it appears that Dominique Anel was the first to propose, and Lacorta to perform the operation of tying the artery both above and below the aneurism, without making any opening into the latter. Then came the operation of John Hunter, so well known, and still so universally adopted. But we cannot always, as in popliteal aneurism, tie the artery at a distance above the disease—nay, we cannot always get at the artery at all, between the aneurism and the heart. This consideration led Dessault to *propose*, and it is said (by the younger Sprengel) to *perform*, with success, the ligature *beyond* the tumour. This operation is reported to have succeeded in aneurisms of the axillary and external iliac arteries, but we cannot find the proofs. DESCHAMPS followed the example of Dessault; but in the two operations which he performed for aneurism of the external iliac or inguinal

* De Efficaci Med. Lib. i. p. 11. p. 51.

artery, he completely failed. The same want of success attended Sir Astley Cooper, and it only remains to inquire, whether those performed by Mr. Wardrop, on the principle of Dessault, promise a more fortunate result. Of the four patients operated on by Mr. Wardrop and Mr. Lambert, two are dead, and in one of these, no aneurism, it has been shewn, was found, nor any trace of ligature having been applied to the carotid artery. The first case, the old lady, is still living, and dissection has not yet cleared up the true nature of the malady. Of the case operated on by Mr. Lambert, we gave our opinion in a former Number. From seeing the preparation and the drawing, we are still of opinion, that it was aneurism by *dilatation* of the carotid artery, a disease not necessarily fatal in itself. The patient died of hæmorrhage, from ulceration of the coats of the artery.

Of the last case operated on by Mr. Wardrop, we gave an account in our last Number, page 534. Dr. Barry's diagnosis of the disease may be seen in the same place, where he stated the innominata to be considerably *dilated*, as also the aorta within the pericardium and at its arch, where it pressed upon some of the bronchia. Dr. Barry also stated his opinion, that the left carotid was "uniformly-dilated." From these and other considerations, Dr. Barry pronounced the disease to be fatal in its results, and that no operation on the right carotid could be of any service. Nevertheless the subclavian was tied, and in the LANCET, we find the most flourishing accounts of the patient's subsequent health. She had lost her cough, her dyspnœa, all pain—and could go up stairs as well as ever. But Dr. Barry, in the Westminster Society, stated, from an accurate examination of the woman, that the dyspnœa, instead of being removed, was *increased* since the operation—and in short, there cannot be a doubt that, although the tumour or dilatation of the vessels was prevented from proceeding in an outward direction, it had been making progress in another and more dangerous direction, which would terminate ultimately (if it went on) by suffocation. Thus the patient had been relieved of *pain*, occasioned probably by the pressure of the aneurism on some nerve or nerves, but had got an increase of *dyspnœa*, which we consider a far more formidable symptom, and one which was likely to produce more suffering in the end.

From this exposé, we believe the Profession will be disposed to place little hope in the ligature *ultra tumorem*. When, indeed, an internal aneurism has protruded beyond the clavicle or the groin, there can be little rational hope of cure by any means. The cause of want of success, may fairly be attributed to the impossibility of arresting the current of blood through the aneurism, on which arrest the great hope of success must depend. Now the epigastric and circumflexa ilii arteries must always keep up a stream through an aneurism, where the ligature is applied beyond the tumour, in the groin or thigh—and the carotid, and several other arteries must also keep up the current in an aneurism of the innominata; so that the chance of success is diminished almost to a cipher. The only tangible artery, as we stated in a former Number, where ligature *ultra tumorem* offers any prospect of cure, is the carotid, because, from the common trunk of that vessel, no branch goes off till it divides at the top of the neck. In an aneurism, therefore, of that artery, situated too low for ligature *citra aneurismam*, there is a fair excuse for tying the vessel *ultra tumorem*. In any other situation, we fear the operation will be useless—perhaps, worse than useless.

P. S. Just as we had penned the above, Mr. Wardrop's additional report, dated the 5th December, came to our view. In this communication Mr. Wardrop impugns the statement made by Dr. Barry, above alluded to, and he tells us that *at the end* of August, Mrs. Denmark was so well that Mr. Chapman, who examined her, declared to Mr. Lawrence that, had he not been previously acquainted with the nature of the case, "he could never have discovered that aneurism of any of the *large vessels of the heart* had ever existed." *Lancet, Dec.* 8. Mr. W. further informs us that the patient's countenance had "lost entirely that anxious expressive look which was formerly so observable." And bringing up the account to the date of his report, (5th Dec.) says, "she *has* regained a nearly perfect state of health." The operator avers that, six weeks prior to the above date of report,

"not a vestige of the tumour remains"—"a perfect cure had been effected." Such was the statement on the 5th December. On the 12th December, we examined Mrs. Denmark with the greatest care. Her countenance was the very image and personification of distress and despair. Her breathing was extremely difficult—not the dyspnœa of inflamed lungs, but the difficulty of breathing through a compressed tube. The noise made by the effort to fill and empty the chest, was precisely that made by the rush of air through a flattened tube. Examination, by the stethoscope and pleximeter shewed the existence of the original aneurismal tumour, stretching from the heart towards the first rib. The pulse and impulse of the tumour were still unequivocal. It was perfectly evident that the tumour was pressing on the air-passages, and was thus the cause of the dreadful dyspnœa, as it would be, ultimately, of the death of the patient. Such was the state of this unfortunate woman's case, on the 12th December, four days after Mr. Wardrop's statement appeared before the public. We cannot reconcile the discrepancy of Mr. Wardrop's statement with the evidence of our own senses. We again saw this woman on the 16th December. She was then confined to her bed, and obliged to keep the trunk nearly perpendicular. The breathing was still more difficult than before—and a muco-purulent expectoration was brought up with difficulty from the lungs. On this, and on the former visit, we found the pulse in the right arm perfectly distinct, though not so strong as in the other arm. We have been informed, on the very best authority, that on the very day after the operation, and afterwards on the 10th or 12th day, consequently before the ligature came away, the pulse was distinctly felt by Mr. Lawrence and others, in the right arm. If this information be incorrect, Mr. Lawrence can easily contradict the statement, when we will give our authority, who also felt the pulse.—Was the artery tied—or, at least, was the canal obliterated?

On the 27th December, we again saw Mrs. D. Bleeding and leeching had occasionally relieved the difficulty of breathing; but the pressure of an aneurismal tumour on the trachea or bronchia was fearfully evident. At this time, we could not perceive the beat of the radial artery. The pulsation in the left carotid was tremendous. A kind of undulatory pulsation was perceptible in the situation of the original aneurism; but whether it was a *communicated* pulsation, or a motion of blood in the part, we could not distinctly ascertain. A muco-purulent expectoration was still thrown up—and when the expectoration accumulated, the difficulty of breathing was dreadful. The unfortunate patient could only repose in a nearly erect posture, and her sufferings were extremely distressing.

On Saturday, the 5th January, we had reason to know (though not from personal observation) that the aneurismal tumour was again taking an outward direction—that the clavicle was again rising, and being dislocated—and that, in short, the poor patient was nearly in the same pathological condition as before the operation of tying the subclavian artery—*ultra aneurismam!* This direction of the aneurismal tumour outwards, and the repeated bleeding which had been practised, had somewhat relieved the dyspnœa, and the muco-purulent expectoration was much lessened.

Our information respecting this poor woman comes down no later than the 14th January, when we understood that the clavicle was still rising—that the breathing was still very bad, though not so much so as at one or two periods within the last six weeks—and that no pulsation whatever could be felt in the right arm since the 27th December.

Now, as we can confidently state that the pulse was felt in the right wrist the day after the operation, and at all times up to the 27th December—and as all pulsation has now ceased in that arm, are we not authorised to *suspect* that the subclavian was never tied*—and are we not fully justified in asserting that, the cessation of pulsation in the arteries of the arm, of late, is solely owing to some pressure, or morbid *change* going on in the

* We are aware that it is not very uncommon for the pulse to return in an artery, after the Hunterian operation has been performed. This return, however, is only temporary; the pulsation is more or less indistinct, lasts for a few days, and disappears.

chest, and totally unconnected with the operation ?

Upon the whole, a careful examination of all the cases now on record, including that of Mrs. Denmark, induces us to conclude that the ligature ultra aneurismam has failed, and that there are no facts to authorise a repetition of it. We conceive that we should not have been acting conscientiously to the profession, and to humanity, had we suppressed the true state of Mrs. Denmark's case, after a report had gone forth that she was perfectly cured.

### 2. ARM AND SHOULDER-PRESENTATIONS.

Dr. Robert Lee read a short paper before the Westminster Medical Society, on the 5th January, the object of which was to recommend the sacrifice of the child, in cases of arm and shoulder presentations, where turning was unadvisable or impracticable. He shewed that much mischief to the mother is sometimes done by attempts to turn, without saving the child after all. When, therefore, we have proof that the child is dead—that the pelvis is too small to allow a living child to pass —or, that there is great improbability of bringing a living child into the world, even by turning, we are advised to disjoint the arm at the shoulder, introduce a blunt hook, so as to take hold of the spine, as low down as possible—and bring away the fœtus double—thus imitating the operations of nature, in some cases of spontaneous evolution. Dr. Lee did not bring forward this procedure as entirely new, since Dr. Douglas and some others had proposed it. He related three cases in illustration. Some comments were made by Mr. Jewel, as to the novelty of the proposal; but no serious objections made to the practice.

### 3. PURULENT DEPÔTS, AFTER WOUNDS AND OPERATIONS.

Mr. Rose, of St. George's Hospital, read a paper to the Medico-Chirurgical Society, on the 7th January, on the above subject. It has been observed by various foreign and English writers, that abscesses (as they were called) occasionally took place in the liver and lungs, especially in the former viscus, after wounds, operations, and accidents. According to continental experience, the liver is the organ most commonly affected; but, in English practice, the lungs are full as often the scene of the purulent deposition. The peculiarity is, that the matter, if it be entitled to that name, is collected in one or more globular depôts, not at all like common abscesses of the parts, the surrounding structure being generally sound. The deposition itself is a mixture of coagulable lymph and puriform striæ. Mr. Lawrence related a case, where the surface, and even the substance of the liver, were found studded with some hundreds of these globular depôts, after an operation on the knee-joint. A warm discussion took place between Dr. Seymour, Mr. Lloyd, and Dr. Johnson, as to the frequency or infrequency of common circumscribed abscess (unconnected with tubercles) in the parenchymatous structure of the lungs, in acute inflammation. According to Dr. Seymour, the occurrence was by no means uncommon—according to Mr. Lloyd, one would suppose that, *nothing was more common*—according to Dr. Johnson, it was extremely uncommon—so much so, that he had never met with a well-marked instance of it, as proved by dissection.* The authority of Laennec was opposed by that of Dr. Luke! This put an end to the discussion. As Mr. Rose's paper will soon be published, we shall abstain from any remarks at present; but we promise to meet Messrs. Seymour and Lloyd before a larger audience, on the above-mentioned subject, ere long.

### 4. AUSCULTATION.

In two recent sittings of the Westminster Medical Society, the important subjects of auscultation and percussion were warmly discussed; and never was triumph more complete than that obtained by the advocates of these modern means of ascertaining thoracic diseases! In compassion to the opposers of these improvements in medical science, we shall draw a veil over their names. There were only *three*,

* Mr. Lawrence only remembered one example, and that appeared such a rarity, that he preserved the part in his museum.

in a society consisting of nearly 100 members and visitors. On the first night, there was a diarrhœa, we might say a *lientery* of declamation poured forth against auscultation and percussion, without a single fact or argument being adduced, that was worthy of refutation. Two facts *only* were brought forward, and these we shall state, without deigning to honour them with a comment. The first fact occurred before auscultation was born. A young woman was admitted into the Royal Infirmary of Edinburgh, some 20 or 30 years ago, with swellings in both knees. The surgeons, anxious to shew their dexterity, amputated one of the lower extremities; and, on examining the joint, found there was no organic disease to authorise the operation. They then set their brains to work, and cured the disease in the other knee, without amputation:—ergo, AUSCULTATION was a most pernicious measure introduced into medical diagnosis! As our country readers might not believe that such a fact could be seriously presented to a medical society, as an objection to auscultation, we shall explain a little. The gentleman who introduced this *case*, in the way of illustration, observed that, as the Edinburgh surgeons were more intent on shewing their dexterity with the knife, than their therapeutical knowledge in the cure of the swelling of the knee, so the auscultators would neglect all investigations, except by the stethoscope, and thus become non-observers of the phenomena of thoracic diseases!!

*Fact the Second.* Two patients died in the Middlesex Hospital, on one of whom, a student had been making some stethoscopical observations. On repairing to the dead-house, the young pupil began to examine the *wrong* body, through a mistake—*ergo*, the dreadful injuries which must result to medical science from this zeal which some young and raw students evince in opening bodies (wrong bodies) after death!

These were the *only facts* brought into court against auscultation and percussion; and the anti-auscultators candidly acknowledged, that they had never made the least attempt to examine into the value of the diagnostic measure! They poured forth an abundant declamation against the stethoscope, as a "foreign bauble," an "inutile lignum"—an "insult to John Bull"—and, in short, a piece of "continental quackery." They had (like Mr. Lawrence) the *last words*, in the evening of the first night. But a terrible humiliation was in reserve for them in the second night's discussion. On this night two out of the three *ratted*, and passed the highest eulogia on auscultation; while the third was completely nonplused, and merely *entered his protest* against auscultation, without adducing a single fact or cogent argument against the measure.

On the other hand, the value and utility of this auxiliary to diagnosis was ably maintained by Mr. Mackelcan, Dr. Barry, Dr. Shiel, Mr. Bennett, Dr. Milligan, Dr. Johnson, and others. Dr. Barry, in a luminous speech, shewed the wretched state in which the pathology of the chest was, before the days of Avenbrugger, Corvisart, and Laennec. It is true that Dr. Baillie has left us a description of diseased appearances, which is fit for nothing, except a catalogue of a museum. Dr. B. described the morbid changes *before* he saw the symptoms—and when he described the symptoms, he had no opportunity of seeing the morbid changes. Thus, the connexion between symptoms and changes of structure, in Dr. Baillie's work, is purely *imaginary*. Yet, on this connexion, the whole value of pathology depends. Hence the great merit of Laennec and other modern pathologists consists in demonstrating the external signs of internal morbid processes.

Among other futile and erroneous objections that were made to auscultation, it was urged that, when diseases were so far advanced as to be recognizable by the stethoscope, they were incurable—ergo, auscultation was useless. A damper was thrown on this line of argument by the case of a man, residing within 500 yards of the Society's rooms, and who had been seen by three physicians then present in the Society. This man had been in two public institutions—in one he was treated for nervous asthma—and ordered to take beef-steaks and porter. There he got worse; so he went to another institution, where he was treated for phthisis—and there he got no better. Dr. Johnson was requested to see this poor man, and, on examining the chest, an aneurism was discovered, without the least difficulty, beating under the right clavicle. The

case was shewn to Dr. Barry and another physician, who were appealed to for the accuracy of the statement. The man was bled, put upon low diet, and his breathing was, by these means, much relieved. Here, then, was an instance of the *injurious* consequences of auscultation. Dr. Barry related two or three recent cases, where the most erroneous views of disease had been taken, and where an injurious mode of treatment was being pursued, till auscultation set the practitioners on the proper road. In fine, the the anti-auscultators were reduced to a single theme of declamation--namely, that the stethoscope would render the rising generation of the profession less attentive observers than their fathers and grandfathers. We have only to say, that it will have just the opposite effect. It will make them much better observers.

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### LIGATURE OF THE COMMON ILIAC ARTERY. DR. V. MOTT.

This operation, which throws into the shade every other of the kind, yet placed on record, has recently been performed, *with success*, by one of our transatlantic brethren. We shall proceed, at once, to detail this brilliant triumph of modern surgery.

On the 15th March, 1827, Dr. Mott was called, with Dr. Osborn, to a patient, who was found labouring under a large aneurism of the right external iliac artery. The man's name was Israel Crane, aged 33 years, a farmer, of temperate habits, but accustomed to hard and laborious work. About the middle of January he felt pain in the lower part of the belly, which he attributed to a fall formerly received. It was only a fortnight previously, however, that he perceived the tumour. On examination, the abdomen, on the right side, was considerably enlarged, from the crural arch to the umbilicus, the swelling being pulsatile, both to the touch and the sight. It appeared to contain fluid blood only. It commenced a little above Poupart's ligament, reached nearly to the navel, advanced forward near the linea alba, and seemed to fill up all the concavity of the ilium.

"The rapid increase of this aneurismal tumour occasioned, as the countenance of our patient indicated, the most extreme agony. His sufferings at times were so great that his screams could be heard at a distance from the house. He had been bled several times, taken light food, and was kept constantly under the effect of opium. He was now informed of the serious nature of his case, and that without an operation, very little chance of his life remained; with great composure he immediately consented to whatever would give him the best prospect of saving his life.

"From the extent and situation of the tumour, he was apprised of the uncertain nature of the operation, as well as the difficulty of performing it, and indeed that it would require an artery to be tied, which never had been before operated upon for aneurism. With these views of his situation, he cheerfully submitted to be placed upon a table of suitable height in a room which was well lighted.

"Then, in the presence of Dr. OSBORN, Dr. LIDDLE, and Dr. CROSS, the following operation was performed:—

"The pubes and groin of the right side being shaved, an incision was commenced just above the external abdominal ring, and carried, in a semicircular direction, half an inch above Poupart's ligament, until it terminated a little beyond the anterior spinous process of the ilium, making it in extent about five inches The integuments and superficial fascia were now divided, which exposed the tendinous part of the external oblique muscle, upon cutting which in the whole course of the incision, the muscular fibres of the internal oblique were exposed; the fibres of which were cautiously raised with the forceps and cut from the upper edge of Poupart's ligament. This exposed the spermatic cord, the cellular covering of which was now raised with the forceps, and divided to an extent sufficient to admit the forefinger of the left hand to pass upon the cord into the internal abdominal ring. The finger serving now as a director, enabled me to divide the internal oblique and transversalis muscles to the extent of the external incision, while it protected the peritoneum. In the division of the last mentioned muscles outwardly, the circumflexa ilii artery was cut through, and it yielded for a few minutes a smart bleeding. This, with a smaller artery upon the surface of the internal oblique mus-

cle, between the rings, and one in the integuments were all that required ligatures.

"With the tumour beating furiously underneath, I now attempted to raise the peritoneum from it, which we found difficult and dangerous, as it was adherent to it in every direction. By degrees we separated it with great caution from the aneurismal tumour, which had now bulged up very much into the incision. But we soon found that the external incision did not enable us to arrive to more than half the extent of the tumour upwards. It was therefore extended upwards and backwards about half an inch within the ilium, to the distance of three inches, making a wound in all about eight inches in length.

"The separation of the peritoneum was now continued, until the fingers arrived at the upper part of the tumour, which was found to terminate at the going off of the internal iliac artery. The common iliac was next examined by passing the fingers upon the promontory of the sacrum, and to the touch appearing to be sound, we determined to place our ligature upon it about half way between the aneurism and the aorta, with a view to allow length of vessel enough on each side of it to be united by the adhesive process.

"The great current of blood through the aorta made it necessary to allow as much of the primitive iliac to remain between it and the ligature as possible, and the probable disease of the artery higher than the aneurism, required that it should not be too low down. The depth of this wound, the size of the aneurism, and the pressure of the intestines downwards by the efforts to bear pain, made it almost impossible to see the vessel we wished to tie. By the aid of curved spatulas, such as I used in my operation upon the *innominata*, together with a thin smooth piece of board, about three inches wide, prepared at the time, we succeeded in keeping up the peritoneal mass, and getting a distinct view of the arteria iliaca communis, on the side of the sacro vertebral promontory. This required great effort on our part, and could only be continued for a few seconds. The difficulty was greatly augmented by the elevation of the aneurismal tumour, and the interception it gave to the admission of light.

"When we elevated the pelvis, the tumour obstructed our sight; when we depressed it, the crowding down of the intestines presented another difficulty. In this part of the operation I was greatly assisted by Dr. Osborn, and my enterprising pupil, ADRIAN A. KISSAM.

"Introducing my right hand now behind the peritoneum, the artery was denuded with the nail of the forefinger, and the needle conveying the ligature was introduced from within outwards, guided by the forefinger of the left hand in order to avoid injuring the vein. The ligature was very readily passed underneath the artery, but considerable difficulty was experienced in hooking the eye of the needle, from the great depth of the wound and the impossibility of seeing it. The distance of the artery from the wound was the whole length of my aneurismal needle.

"After drawing the ligature under the artery, we succeeded by the aid of our spatulas and board in getting a fair view of it, and were satisfied that it was fairly under the primitive iliac, a little below the bifurcation of the aorta. It was now tied—the knots were readily conveyed up to the artery by the forefingers—all pulsation in the tumour instantly ceased. The ligature upon the artery was very little below a point opposite the umbilicus.

"The wound was now dressed with five interrupted sutures, passing them not only through the integuments, but the fibres of the cut muscles, so as to bring their divided edges together at all parts of the incision, which was muscular. Adhesive plaster to assist the stitches, lint and straps to retain it, completed the dressing. The operation lasted rather less than one hour."

The space which we have dedicated to the steps of the operation, prevents us from giving a detail of the diurnal reports, carefully drawn up by Dr. Osborn, and authenticated in the most satisfactory manner. There was very little constitutional disturbance produced by this formidable operation. The temperature of the limb was soon restored:—The patient was bled a few times—kept quiet and low. The operation was performed on the 15th March, and on the 3rd of April Dr. Proudfoot removed the large ligature, the wound being almost healed. On the

16th the patient imprudently rode out, without permission, the wound being perfectly healed. On the 30th April, he was in complete health. The leg was not of its full size, nor so strong as the other—he was free from pain. On the 20th May, he came 25 miles to shew himself in New York. The remains of the aneurismal tumour had disappeared—the epigastric artery was found much enlarged, and beating strongly, and there was a feeble pulsation in the femoral artery.

When we compare this operation with the one performed some months ago by Mr. Wardrop, and reflect that in a case like Crane's, the operation *ultra aneurismam* would have been applicable, according to the doctrines recently maintained, we must admit that the interests of surgery and of humanity demanded a full and speedy exposition of the newly revived doctrine of Dessault, and the data on which it is grounded. The facts which we have here put upon record speak for themselves; and we shall not add a single comment.

## METROPOLITAN HOSPITAL PRACTICE.

### 1. COLDSTREAM GUARDS HOSPITAL.

#### DISEASE OF THE HEART.

We shall present to our readers a short statement of this case (from the Medical Gazette) before we make any comment.

A young soldier (aged 23) was received into hospital on the 17th of November, for feverishness and constipation, which seemed to give way in three days. On the 26th he had a fresh attack. On the 1st of December Mr. Maynard saw him. "He appeared very feverish, anxious, and irritable; *had a pulse of very unusual and remarkable strength; it was not only visible at the wrist, but in the fleshy parts of the thighs and belly;* his skin hot, with great thirst." He was bled to *ten ounces* from the arm, without any relief, or any sensible effect on the pulse. From this time till the 10th December he varied much; but, at the latter period, complained of pains in his knees, breast, shoulders, and bowels. On the 23d the fever was renewed, and calomel and opium were given at night, without benefit. A troublesome cough was now added to the other symptoms. There was still no suspicion of disease of the heart.

"On the 25th, however, there was something in the stroke of the pulse which it is impossible to describe, what I never myself felt before, combined with a thrill, almost a hiss, under the finger, more like the vibration of a harp-string; it was very remarkable in the right wrist, but still more so in the left. *The heart was felt to be beating short, quick, and violently,* 130 *in a minute.* On the application of the finger to the space between the second and third rib, a something between a crepitus of air in cellular membrane, and the thrill at the wrist could be discerned at every pulsation, *that showed us pretty clearly the real complaint.* The stethoscope was applied, and the preternatural rushing sounds very clearly heard. About 16 ounces of blood were taken from the arm; it was cupped, but not much, for the coagula were not firm, nor was the buff very marked, being grey rather than the usual yellow. I felt his pulse that night while he slept, and it was comparatively quiet and soft, having lost all that hard jerking vibration it had in the morning. 26th and 27th—Much the same, pulse less violent, and No. 122. On the 28th all the bad symptoms increased; he was restless, anxious, and evidently weaker; had no sleep, felt pain, expressed a wish for nourishment, but complained he could not eat; his pulse was regular and less strong, but had the same remarkable jerk and thrill. Towards the morning of the next day he asked for the close-stool; he refused the bed-pan, and got out of his bed and used it. In half an hour after he had laid himself down again, he died without any struggle.

"On the 31st we examined the body. On raising the sternum, the heart lay more exposed to view than usual, less enveloped in the lungs, of enormous size, and occupying a more horizontal position in the chest. There was no blood whatever in the cavities of the chest or pericardium, but the serous fluid in the peri-

cardium was in double quantity. On looking attentively at the heart as it lay, there appeared, between the origin of the pulmonary artery and the arch of the aorta, a small tumour, of livid colour, having a surface of pericardium, but evidently going into ulceration. It felt solid, but not hard. The right ventricle was very thin and flabby, the left as remarkably thick and firm and muscular. The vessels were all in their natural state, neither larger nor smaller nor discoloured. The interior of the right ventricle was natural. At the upper part of the septum ventriculorum, just where the edges of the semilunar valves mark the origin of the aorta, an orifice appeared, through which was escaping grey flakes of coagulated lymph, which were followed by clots of black blood, and some in a fluid state. This tumour, when emptied, would contain a pigeon's egg; the orifice was ragged, and the interior surface rough and fibrous, like the cut surface of the heart; it was not thin, nor pervious to blood in any part. Two of the semilunar valves were destroyed, one was entire. Quære. What was the cause of death in this case?"*

The foregoing case offers food for much reflexion. We would ask Mr. Maynard, in the first place, how it was that the state of the vascular system, on the 29th November, did not excite his attention to the state of the central organ of the circulation? He examined the patient's abdomen, and found the pulse *visible* there —yet he did not examine the chest. Secondly, was the detraction of ten ounces of blood from a young grenadier, with the above-mentioned phenomena, a sufficient depletion? Thirdly, when he says, on the 25th, that a something between a crepitus and thrill felt in one of the intercostal spaces, "*shewed pretty clearly the real complaint,*" we would ask him what was the real complaint then, and how it was known by the foregoing phenomena, as we are not aware that the said phenomena afford any data for a fixed diagnosis? We do not ask these questions from any captious or hypercritical motives; but to shew Mr. Maynard and the public, that auscultation is not sufficiently attended to. The complaint, in this case, was not suspected till within three days of the patient's death, and even then, we question whether a proper diagnosis was formed. The extent over which the heart beat—the impulsion—the difference of impulsion in the two sides of the heart, were not investigated, (at least there is no mention of them,) yet on them would chiefly have rested the diagnosis, even on the first day the patient entered the hospital. In respect to the query at the end of the case—we conceive that there can be very little difficulty in concluding that immense hypertrophy of the left side of the heart—dilatation of the right chambers—valvular disease—and a tumour of the heart going into "ulceration," were quite enough to destroy the life of even a grenadier of the guards. In respect to the nature of this tumour, we have no doubt that it was a false aneurism, or aneurismal pouch going off from between the heart and aorta, such as we have described, in several instances, in the 15th number of this Journal. Considering the obloquy which has been attempted to be thrown on auscultation, of late, we have deemed it necessary to comment on the foregoing case, in order to shew the value of the auscultic diagnosis, and the danger of neglecting it.

* Med. Gazette, No. 6. p. 163.

## 2. ST. GEORGE'S HOSPITAL.

### Bleeding in Erysipelas.*

The patient, a soldier, æt, 38, was admitted Nov. 24th, 1827, in consequence of a lacerated wound on the left side of the forehead, and contusion behind the ear, which he had met with four days previously. There was a good deal of action in the system, with head-ache and costive bowels, for which he was bled to ℥ xxx. and took cal. grs. ij. p. jal. grs. vj. 4tis horis. On the next day, he was bled again to ten ounces, and ordered salines with sulphate of magnesia. On the 26th, he had much pain in the head—general excitement—pupils sluggish, and an erysipelatous blush appeared upon the forehead. *Lot. spt. fronti. V.S. ad* ℥xv. The erysipelas extended with thirst, head-ache, hard pulse, and he was again bled to twenty ounces on the 27th. Next day the erysipelas had extended over the right

* Med. Gazette. No. 6. Jan. 12

cheek, with semi-delirium—quick and full pulse—constant nausea. The blood drawn on the preceding day was covered with a thick layer of transparent fibrine. *Rep. V.S. ad* ℥xx. *Cont. med.* Instead of twenty, upwards of thirty ounces of blood were taken by mistake, but during the bleeding the erysipelatous blush faded, and never afterwards returned, at least so distinctly as before. The wounds on the head healed, and, in the beginning of Jan. the patient left the hospital cured.

Not very long ago, the surgeons of St. George's Hospital were accused in the Lancet, and that in pretty broad terms, of killing their patients, by *invariably* treating them, when labouring under erysipelas, with bark! The case above narrated forms, as our cotemporary justly observes, an apt illustration of the *veracity* of that statement.

### POPLITEAL ANEURISM IN BOTH LEGS—SECONDARY HÆMORRHAGE.*

This case, we understand, excited much interest at the time, and furnished food for no little misrepresentation and vituperation in a certain quarter.

The patient was a carrier, æt. 53, admitted August 1st, with a large aneurism in the left ham, which had commenced twelve months previously. The tumour had made considerable progress, and was in one part exceedingly near the surface, but not the least discolouration of the integument was present. His health had been always good, until the commencement of the disease, at which time he was much harrassed in body and mind by a trial at law, since which he has been very nervous and irritable. On his admission, he was labouring under a good deal of fever, with great action in the pulse and vascular system generally. On inspecting the other ham, a distinct aneurismal tumour was discovered pulsating with extreme violence, and on the right side of the neck the carotid was seen beating very forcibly. Of the existence of the second aneurism the patient was not aware, and he was accordingly left in ignorance of it. He was kept quiet and bled until the 9th, when the operation was performed in the usual manner. The ligature separated on the 23d, (fourteen days after its application,) and at this time the wound was little disposed to heal, and the thigh was much swollen. On the 6th September, (thirteen days after the separation of the ligature,) secondary hæmorrhage took place from the wound—the bleeding could not be entirely checked by the tourniquet, &c. and on the morning of the 8th, Mr. Brodie tied the artery at the groin. This ligature remained until the 29th, (twenty-one days,) and on the 11th October, (twelve days subsequently,) secondary hæmorrhage, to the extent of a pint and a half, took place from the upper wound. The patient was now in that state of irritability and excitement, that any further operation was almost out of the question, and, indeed, he positively declared that he would undergo no more. Accordingly, pressure, by means of properly adapted trusses, pads, &c. was carefully employed, but only with temporary effect, for on the 30th bleeding took place, and, from that time until the 2d November, when he died, blood was continually oozing from beneath the compresses, although gentlemen were constantly sitting by the poor fellow's side, day and night. The immediate cause of death was mortification, or rather a condition more nearly approaching to "dry gangrene" of the limb.

On dissection, it was found that the ligature in the groin had been applied on the superficial femoral, immediately below the giving off of the profunda. The artery at this point was entirely destroyed by ulceration, so that no clot or adhesions were discovered, and from this spot to the site of the original operation both artery and vein were converted into a ligamentous undistinguishable mass. The aneurismal tumour in the ham was solid, no larger than an orange, and the vessels passing to and from it obliterated. In the other ham was a good sample of incipient aneurism.

We could make some remarks upon this case, did our limits permit. As it is, we shall content ourselves with copying from the Gazette, with a slight alteration or two, the contradictions of the erroneous statements which have gone forth.

*Lancet.*—"Tumour remarkably tense and solid."

*The fact.*—It was soft, and could be almost entirely emptied by pressure.

* Medical Gazette, No. 7.

*Lancet.*—" Afforded rather an indistinct pulsation."

*The fact.*—The pulsation was visible two or three beds off.

*Lancet.*—" Integuments about to ulcerate."

*The fact.*—Not even a speck of discolouration had appeared.

*Lancet.*—" The man was kept *at least* a fortnight in the hospital before the artery was tied."

*The fact.*—He was admitted on the 1st, and the operation was performed on the 9th. It was not done sooner, because the patient had much fever, and required repeated blood-letting and purging.

*Lancet.*—" The operation should have been performed immediately on the patient's admission."

*The fact.*—It should not.

*Lancet.*—" Mr. Brodie attempts to pass a *straight* probe by main force *under*, for we cannot call it *round* the artery."

*The fact.*—Mr. Brodie attempts to do no such thing. He uses the eye-probe, simply because it is more flexible than the common aneurismal needle, and admits of any curve required. The operation was performed with great facility.

Now if this hospital report of the Lancet's be not a tissue of the most palpable blunders, we know not what is. We have one or two cases by us at the present moment, which will teach the Lancet what sort of stuff the "*surgical capability*" of its reporters is made up of.

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### 3. MIDDLESEX HOSPITAL.

#### Secondary Hæmorrhage.*

J. Willmott, æt. 37, prompter of Drury-lane Theatre, had his left leg removed, by amputation above the knee, for caries of the tarsus, on the 10th October. The case apparently did well, the ligatures came away on the 20th, and the stump had healed, save that two small sinuses remained leading towards the bone. He left the hospital on the 18th November, and resumed his employment at the theatre, one sinus still remaining open, and the bone appearing likely to exfoliate. On the 16th December, the stump swelled and grew more painful, and on the 19th, a violent hæmorrhage took place, which was arrested by a ligature on the limb. He was again brought to the hospital, when Mr. Mayo tied the common femoral artery, distinctly *above* the origin of the profunda. On tying the ligature, the lower part of the artery continued to pulsate, though not so strongly as before. Mr. Mayo thinking that the knot might have slipped, applied a second ligature, but still the pulsation remained. On removing the bandages from the stump, there existed a sinus in the direction of the femoral artery, and a second opposite the bone, and through them the blood must have issued. No more hæmorrhage ensued, but it was necessary to remove some dead bone, and on the 1st January, the ligature had not separated from the vessel.

T. Bailly, æt. 58, had his right leg amputated above the knee, for ulcer and caries of the bone, on the 13th November, by Mr. Mayo. The vessels bled furiously, and sixteen were tied, but in the evening secondary hæmorrhage came on, and it was necessary to secure three more. Next day there was great nervous irritation, twitchings of the stump, &c. from which he rallied for a time, but sank on the 1st January. One ligature, in the direction of the main artery, had not separated, and from this spot hæmorrhage had occurred which was restrained once by pressure, and on its recurrence by the actual cautery. Upon examination, the bleeding was found to have proceeded from a small artery upon the vastus internus, the femoral being firmly closed, and containing a clot, an inch in length. The plugging up of the vessel was found to have depended on the adhesion of the outer coat only, the inner coat not having entered into the cicatrix in the manner described by Dr. Jones. This appearance is very well shewn in a wood-cut.

Between these two cases, though similar in some respects, there is yet an obvious difference. In the first, there was no particular hæmorrhagic tendency at the time, and all went on favourably enough, save that from weakness of constitutional power, or other cause, a sinus remained, and the ulceration sub-

* London Med. Gazette, No. 6, Jan. 12.

sequently extended to the artery. In the second case, the hæmorrhagic disposition was marked, and the patient seems to have sunk more from the effects of what took place on the day of operation, than from the trifling bleeding which occurred subsequently, though this, no doubt, was the cause of great irritation to the system. We have heard a comparison drawn between Mr. Mayo's first case, and that related above from St. George's Hospital, but, to our minds, a most inappropriate and unfair one. In the one case, there was disease of the artery in a decidedly aneurismal habit—in the other, there was nothing of the kind.

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### 4. ST. THOMAS'S HOSPITAL.

#### FRACTURE OF THE SEVENTH CERVICAL VERTEBRA. *

Cases of fractured spine used to be considered as something uncommon in the pages of a journal, but now, thanks to the "gentlemen connected with the press," as Sir Richard Birnie has it, they are becoming plenty as black-berries.

H. C. æt. 35, received an injury to the spine, on the 1st of December, from a sack of flour falling from a height of 10 feet upon his shoulders. He was stunned by the blow, and lost the use of his lower extremities, but did not enter the hospital until the 5th. The lower extremities, at this time, were quite paralyzed, but he could raise his arms to a certain extent —breathing diaphragmatic—no priapism —pain on attempting to move his head. No displacement of vertebræ could be discovered, so that Mr. Green was disposed to consider the symptoms as dependent on effusion. Cupping—injections, and the catheter three times a day, were employed, but the urine in a few days became decidedly ammoniacal and offensive, sloughs formed on the nates and sacrum, and on the morning of the 23rd the poor fellow died.

*Dissection.* The arch of the 7th cervical vertebra was found to be broken, its right inferior oblique process dislocated forwards to the extent of a quarter of an inch, and its body fractured across. Upon the theca beneath the first dorsal arch there was a coagulum of blood, whilst the membrane here was vascular and distended. On exposing the medulla, much serous fluid escaped, and the marrow itself opposite the last cervical vertebra was of the consistence of cream.

This softening of the medulla Mr. Green, in his clinical lecture, very properly considered as dependent on the injury (and consequent inflammation) of its substance, rather than on any pressure exercised by the bone. Mr. Green also observed that, on the 8th day after the patient's admission there were signs of returning sensation in the lower extremities, the patient being able to distinguish which foot was touched; but on the following day these good symptoms had disappeared. This, Mr. Green was disposed to attribute to the setting up of inflammatory action, which induced a temporary excitement in the spinal marrow, and temporary return of sensibility in consequence. The reporter, whilst he appears to be struck by this "ingenious explanation" of Mr. Green's, (an explanation, by the bye, which was given long ago by Mr. Charles Bell, in his celebrated controversy with Sir Astley Cooper,) declares pretty plainly, that Mr. G. laboured under an "illusion" as to the *fact* of the amendment having taken place on the day mentioned. The reporter examined the man soon after Mr. G. and found, "to his complete satisfaction, that *there was no return of sensibility.*" As the shock to Mr. Green's nervous system must be very severe indeed upon reading this, the reporter has very judiciously and humanely endeavoured to allay the constitutional irritation, by declaring that what he did, was only "with a view of establishing truth," and preventing the dissemination of so dangerous a doctrine, as that H. C. could tell which toe was pinched upon the eighth day!

* Lancet, No. 228, Jan. 12.

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### 5. ST. BARTHOLOMEW'S.

#### MALIGNANT BLEEDING POLYPUS OF THE NOSE.

An interesting case of this terrible disease is detailed in No. 6 of the Gazette. We must refer our readers for the details, which are exceedingly well given, to the journal in question; but we may just

state, that it had existed for eighteen months, had been removed by the forceps twenty-three different times, and was constantly bleeding. After putting the patient under proper diet, &c. Mr. Earle attempted to dissect it out by an incision, commencing at the top of the right nasal bone, and extending through the ala nasi. The polypus was attached to the nasal and maxillary bones, which were rough, and their Schneiderian membrane thickened. Each stroke of the knife was followed by profuse hæmorrhage, and it was thought necessary to remove part of the nasal and maxillary bones, and to apply the actual cautery. The operation, which does no discredit to Mr. Earle, was performed on the 29th September, and, by the 30th October, the fungus had again made its appearance. It went on increasing in size, bled profusely, and, on the 30th Dec. the patient died.

On dissection, the fungus appeared to have taken its origin from the membrane covering the vomer, superior turbinated bone, and cribriform lancella of the æthmoid. The lungs, the liver, the spleen and pancreas, the renal capsules, fat surrounding the bladder and rectum, &c. &c. were studded with tumours, some of them medullary, some of them resembling clots of blood, and readily breaking down under the fingers.

### STRANGULATED EXOMPHALOS IN THE EIGHTH MONTH OF PREGNANCY.*

E. Wright, æt. 31, had been always subject to a tumour at the navel, which, about the 4th or 5th month of pregnancy, invariably swelled and became painful, but subsided under the use of a purgative. On the 30th Sept. being then 7 or 8 months gone with child, she was seized with pain in the umbilicus and vomiting, which, not being relieved by castor oil, she entered the hospital, on the 1st Oct. under the care of Mr. Lawrence. The hernial tumour was soft, irregular, not very tender, and consisted principally of omentum, whilst there was no tenderness whatever of the abdomen. Castor oil, leeches, taxis, &c. were employed in vain, and Mr. Lawrence, notwithstanding the mildness of the symptoms, determined on operating. On laying open the sac, a quantity of omentum, and a small portion of discoloured intestine, were exposed. The latter was returned, and a part of the omentum removed, one or two small vessels requiring a ligature. She had four or five motions after the operation, but, next morning, there came on inflammation about the wound, for which she was bled to sixteen ounces—had twenty leeches to the abdomen, &c. On the 3d, the bleeding and leeches were repeated, and a poultice applied to the wound. *Oct. 4th.* Better. V.S. ad ʒxiv. An abscess formed "on the tumour," (this means, we suppose, in the omentum) which was opened, and the patient did very well.

It is not many years since recovery from the operation for hernia, at *some* of our hospitals, was no very common occurrence, whilst at present, when circumstances are tolerably favourable, patients as rarely sink under or after it. This change in the comparative results of the operation, we have no hesitation in ascribing to the circumstance of surgeons resorting to it much earlier than they used to do. In the case, however, under review, we are not quite sure that the protrusion might not have been returned without the operation, for the symptoms were exceedingly mild, and the reporter makes no mention whatever of the state of the stricture. It may have been firm, it may have been lax, or there may have been no stricture at all, from any thing which appears to the contrary on the face of the report, although the direction of the cuts, the sutures, and the straps, are detailed with the most laudable fidelity. We observe that in this, as in most other instances, Mr. Lawrence removed a portion of the omentum, and certainly, as far as the case goes, without any ill effect. We should be glad to hear the results of Mr. Lawrence's experience on this point, as it is one of much interest, and a good deal of difficulty.

* Lancet, No. 228.

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### COLLEGE OF PHYSICIANS *v.* DR. HARRISON.

We were right in our information, that a committee had been appointed to collect proofs of Dr. Harrison's practice. They have effected their purpose (as they be-

lieve) and notice of action has been served. We said that, had we been in Dr. Harrison's place, we should have given up the admission of practice at once, and thus met the action boldly. Dr. H. by halting in the commencement of the battle, has lost the "vantage ground," as far as concerns himself personally, without gaining any adequate security of position by this ill-timed caution. This, however, makes no difference in the general result of the contest. Nothing will give us greater pleasure than the fact of a verdict being gained by the College. It is just what we ardently hope for. While an unjust law slumbers, it is safe. The moment it is put in execution, the process of abrogation commences. A statute originally designed for the suppression of quacks, is now turned against regular physicians of the first medical university in the united kingdom. We had little idea that the council of the College would, in the year of our Lord, 1828, prove the truth of the ancient adage—

"Quem Deus vult perdere, prius dementit."

Anxious for the establishment of LIBERAL INSTITUTIONS and JUSTICE, we shall restrain ourselves on the present occasion, lest we should disturb the natural course of events. Mr. Brougham will remove the veil, and the picture which will be drawn of the state of this branch of the profession, in a court of law, will open the eyes of statesmen—while the general indignation of the Profession, at such a flagrant insult to the diplomas of the Edinburgh, and other regular universities, will lead to the desired object—a general investigation of the state of the profession.

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### LIBERALITY AND ILLIBERALITY.

We were much grieved to see a letter, lately published in the MEDICAL GAZETTE, from a correspondent of Dr. A. T. Thompson, reflecting, in rather illiberal terms, on foreign schools of medicine. Those who know how openly and hospitably English students and practitioners are received in the public schools and institutions of the Continent, cannot but deplore the impolicy and narrow-mindedness of individuals, who, from hasty and crude views of things, permit themselves to injure their countrymen, and the whole of the English medical profession, in the eyes of liberal foreigners, by such prejudiced and unfounded statements as those alluded to.

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But what shall we say to the disgraceful scenes that are now exhibiting in the medical press, in respect to the injuries sustained by the medical officers of public institutions from the misrepresentations of FALSE REPORTERS? Let any man read the deluges of abuse which have been poured on Mr. Earle and Mr. Keate, in the last Number of the LANCET, for having merely corrected the wilful falsehoods of ignorant reporters, and say whether or not the SATURNIA REGNA are returning in this country! The Lancet is playing a desperate game. It seems determined to try how far the most vulgar ribaldry and Billingsgate slang can be crammed down the throats of a learned and liberal profession, as a substitute for knowledge, candour, and practical information. Thus, whole columns of that journal are filled with the most low-lifed and disgusting epithets, lavished on men of acknowledged probity, talents, and honour, while all their statements are distorted, garbled, and misrepresented, so as to make a few of the very lowest and most ignorant of the profession laugh, and all the sensible and ingenuous grieve—if they can permit themselves to wade through such detestable trash! We confess, however, that we are not sorry to see justice, good sense, and proper feeling, thus *violently* outraged. It is precisely in this way that evil works its own ruin. Whatever may be the proportion in which good and bad principles are mixed in human nature, a time always arrives, when the former is approved, and the latter spurned. That period is rapidly approaching, if we be not much mistaken. At all events, the advocates of the evil principle are taking the most direct paths to bring about the triumph of the good. We would advise the advocates of the LATTER to oppose a calm, but steady resistance, in the detection of error and misrepresentation, trusting to the good sense of Englishmen, and the justice of their cause, for a final and signal victory.

"When Peace and Mercy, banished from the plain,
Sprang on the viewless winds to Heaven again---
All --all, forsook the friendless, guilty mind --
But HOPE, the charmer, lingered still behind!"

# Periscope;

OR,

## CIRCUMSPECTIVE REVIEW.

" Ore trahit quodcunque potest, atque addit acervo."

[9th FEBRUARY, 1828.]

### 1. Thoracic Diseases.

In a late sitting of the Medico-Chirurgical Society (22nd. Jan.) the President, Mr. Travers, communicated two cases of medullary disease in the chest, which led to some interesting observations from three or four of the members present. It is not our intention to give any details of the papers read at this Society, seeing that they will now be regularly published every year; but in the present instance we cannot notice the oral discussions, without some particulars of the cases that gave origin to them.

The first case was one that occurred at St. George's Hospital, about a year ago, and of which we took some notice at the time. A man came in under Dr. Hewett, with evident symptoms of watery effusion in the left side of the chest, in which no respiratory sound could be heard. The heart was found beating in the right side, and the sound, on percussion, was dull on that side. The poor man being threatened with suffocation, Mr. Brodie performed paracentesis thoracis, and drew off a very great quantity of serosanguineous fluid. A temporary mitigation of the symptoms ensued; but, in two or three days, the patient died. Meantime, the heart returned to its natural position, when the fluid was drawn off. On dissection, a fungoid tumour, of malignant character, was found growing from the diaphragm, and projecting into the left side of the thorax. The lungs were congested, but there was no other material disease.

The second case was one in private practice. A young gentleman, till within three weeks of his death, was supposed to be in perfect health, and could tire out men and horses in the sports of the field. About Christmas, 1827, a sudden stop was put to these exercises, by pain in the right side, difficulty of breathing, and other phenomena which induced the medical attendants to consider the liver in fault. In a short time afterwards there were pretty strong evidences of a fluid effused in the right pleural cavity, evinced by a bulging out of that side—by an inability to lie on the opposite side—and, in short, by distinct fluctuation in that side. A trocar was introduced, and a large quantity of fluid, of a clear straw-colour, was drawn off. Great relief was thus obtained—*and considerable hopes of cure were entertained by the medical attendants, and communicated to the friends.* But these hopes were soon dissipated. The chest filled again, and the young gentleman breathed his last, on the road to London, in about three weeks from the *apparent* commencement of the disease. On dissection, there was found a very large medullary fungus occupying the whole of the upper portion of the right lung, and weighing about three pounds—effusion into that side of the chest—universal tuberculation of the pleura costalis and pulmonalis of that side—an almost complete obliteration of the left lung, which was reduced to a condensed lamina, three lines in thickness, adherent to the left pleura costalis. Thus, the only portion of respirable lung, was the inferior lobe on the right side. There was no disease in any of the abdominal viscera. No mention of auscultation or percussion *was made in the paper;* but the President requested that members would give their opinions how far the stethoscope might have elucidated the pathological condition of the chest. Dr. Johnson observed that, as only the inferior lobe of the right lung was in a respirable state, so, both auscultation and percussion would have proved that fact, without the smallest difficulty. It was quite impossible that

the respiratory murmur could have been heard in any part of the chest, except in what was occupied by the said lobe. So far auscultation and percussion might have prevented the *favourable* prognosis which was given to the friends. And now a ruse de guerre was played off, and a masked battery opened against auscultation. Mr. Travers immediately stated that, "a gentleman who *carried* a stethoscope, gave a most favourable prognosis of the case." A smile of congratulation mantled on the animated countenances of the anti-auscultators—and, while Mr. Travers was pronouncing sentence on the stethoscope, their ears could actually be seen to stand up—we will not venture to say how far beyond their usual longitudes. But the ruse de guerre failed—the masked battery missed fire, and the trap which was laid for auscultation was occupied with other subjects. Dr. Johnson instantly put the question to the President, whether, by this verbal statement, (not on the record of the case,) he meant to throw the error of prognosis on auscultation, or on the auscultator—on the measure, or on the man? The President candidly attributed the error to the man! The dimpling smiles faded at once—and not a single anti-auscultator even attempted to invalidate the position maintained by Dr. Johnson.

Mr. Lawrence adverted to the question, "was this immense quantum of disease developed in the short space of three weeks, or might the origin of it be dated back to a former period, when this young gentleman had had a small medullary tumour removed from one of the lower extremities?" an event we orgot to mention in the narrative. Mr. . was inclined to suspect that the disase did not exist prior to the recent atal illness—and he was led to this suspicion, by the rapid progress which medullary diseases usually make. In illusration of this, he related the case of a young gentleman who complained of pain in his knee, about three months before his death, without any visible affection of the part.* This increased—a swelling, of a pulsatile kind, took place—and, in three months, his health was so completely broken up, that amputation was performed to give him a hope of preservation. The operation did not save him. On dissection, a medullary tumour was found to have commenced between the heads of the tibia and fibula, involving all the contiguous parts in destruction. Mr. L. related another case, which had very little reference, except to Dr. Hewett's case, where the heart was displaced. A boy had been jammed between a cart and a post, and was brought into Bartholomew's, in a state of great depression; from which he was not expected to recover. In a few days, however, a smart re-action came on, and now it was discovered that the heart was beating tremendously in the right side of the thorax. Mr. L. was inclined, at first, to look on this as a malformation, or transposition. But, in process of time, the heart gradually came round to its proper place in the left side, and the boy recovered. On being asked by Mr. Earle, if the stethoscope had been applied in this case, Mr. L. answered no:—the phenomena were so evident to the senses, that auscultation and percussion were unnecessary. Mr. L. was then asked by Dr. Johnson, "what it was that had displaced the heart, seeing that the phenomena were all so evident?" Mr. L. replied that he could not tell. So then, Mr. L. knew that the heart was in the right (or rather in the wrong) side—but what was in the *left* side of the chest God only knew. It might be air from a fractured rib and wounded lung—or it might be a serous, or sanguineous effusion, but as the nature of the case was so evident to the senses, the left side of the chest was never examined by auscultation or percussion!!

Mr. Earle, in illustration of the rapid growth of these medullary tumours, related the case of a young gentleman, from whom he removed a small tumour of this kind, a few months ago, which was seated over the parotid gland. He was then in apparent good health, but has since died, presenting a great number of tumours in the liver and abdomen generally. The body, however, had not been examined. Notwithstanding these proofs of the rapidity of growth, in medullary tumours, we cannot agree with Mr. Lawrence in believing that, in the se-

* We were informed by a young gentleman in the Society, who knew the patient, that the latter had complained for a much longer time than three months, of the pain in his knee.

cond case, the mischief might be produced in three weeks. The immense size of the principal tumour—the complete tuberculation of the pleura—the annihilation of the left lung—and the serous effusion, were the work of longer time.

There was one other subject mooted at a late hour in the Society, which we deem worthy of notice, on account of the confident, but, we apprehend, somewhat hasty opinion, delivered by Mr. Lawrence. The President asked the Society whether it was consonant with their experience, to find dropsical effusion in the chest, independent of organic disease. Mr. Lawrence argued that such effusion did not exist, independent of organic affection. This opinion we hold to be erroneous. There are several states of the system, especially inflammatory states, where serous effusion takes place into the pleural as well as into other cavities of the body, totally independent of organic disease, in any of the vital organs. Effusion obtains, more or less, in all severe attacks of pleuritis—which, we conclude, Mr. Lawrence would not designate as an organic disease. The same takes place in peritonitis, into the abdomen—and into the ventricles of the brain, in meningeal inflammation. But there is the very best reason to believe that, without some inflammation, there may be a dropsical effusion into the chest, and other parts of the body—as, for example, after severe hæmorrhages, from accidents or operations. These considerations induce us to dissent from the opinion delivered by Mr. Lawrence—particularly as it is a doctrine which leads to despondency in the treatment, and takes away all hope from a surgical operation.

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## 2. FOREIGN BODIES IN BODIES NATURAL.*

Some curious cases have lately been given to the public, by our esteemed contemporary, where pins, needles, teeth of combs, &c. have been taken *out* of various parts of the body, no account being furnished of how they got *in*. The first was that of a girl, admitted into the Middlesex Hospital, with violent pain in the belly. On examination, there was found, a little below the umbilicus, a hard point, and on making an incision, out started the head of a pin! It was taken hold of by the forceps, and drawn out one—two—three—five inches—and, at last, on coming away, proved to be a brass hat-pin, six inches in length! The young woman, of course, had not the remotest idea how it could possibly have come there, unless, indeed, she had swallowed it by *mistake*. This case is followed by another, related by Mr. Brodie himself. Mrs. H. "a middle-aged woman," (was she married?) was subject to hysteria and pain in the side. One evening she called up her maid servant, and told her that she had dropped a paper, containing fifty needles, upon the foot stool, and thought that some of them had stuck into her leg. Her medical attendant was called, and extracted two small ones, from a little above the ankle; but eight only of the fifty could be found in the paper! In a few days, Mr. Brodie was sent for, and removed, at intervals, *twenty-six* needles from the legs, which became œdematous, with much general disturbance of the health. One evening, towards the end of June, she fell into a state of insensibility, and at two o'clock next morning expired. On examination, the leg from which the needles had been taken was found loaded with lymph and serum, and sufficient needles were found still imbedded in the cellular tissue to account for nearly the whole number missing. Mr. Brodie hazards no conjecture upon the mode in which this paper of needles was disposed of. That he imagines they actually did "stick into" the foot, and travel thence up the leg, we cannot believe, but we suppose that such being the account given, Mr. B's well-known gallantry would prevent his doubting the lady's word, whatever opinion he might hold to the contrary.*

Mr. Brodie is followed by Mr. Bell, who somewhat startled us by stating, that "the

* London Med. Gazette, Nos. 3, 6, 7, passim.

* No two persons agree in their interpretation of this paper of Mr. Brodie's. One party thinks that the lady swallowed the pins, the other that they got into the membe *vià* the foot. For our parts,

letter of Mr. Brodie curiously explains how needles may get into the body." The deuce it does! Now, to our minds, it seems to be much more satisfactory as to the methods of getting them out. But to the point. A farmer's wife, accompanied by her crony, came to Mr. Bell, complaining of excessive pain and pricking in her hip, near the left labium. After much to do, he was allowed to examine, when he found an abscess pointing, with something like a foreign body in it. He opened the abscess, and extracted four of the coarse teeth of a dressing comb. Mr. B. was surprised, but the good ladies were absolutely petrified, and, all at once, became exceeding anxious to depart, assigning no reason whatever for the presence of the body in that situation. Mr. Bell observes, that bones occasionally lodge in the rectum, and excite great irritation in the bladder. One case was mistaken for cancer, but, on extracting the bone, all the symptoms disappeared. In another instance, a phlegmonous tumour formed on the hip, which was opened, and a great many bones of small birds taken away. Here, however, there was scirrhous contraction besides. Whenever, during stricture of the rectum, there is much increase of pain, &c. Mr. Bell recommends introducing a sound, to detect any substances which may have been entangled above the obstruction.

We might relate several other instances of the introduction of foreign bodies into the "human form divine," but it would be loading our columns, and wearying the patience of our readers, were we to chronicle all the strange antics which hysteric females play.

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## WESTMINSTER MEDICAL SOCIETY.

### 3. DELIRIUM TREMENS.

On Saturday night (26th January) an interesting discussion took place on this dangerous disease. The subject was introduced by Mr. Hunt, who gave a very concise account of five cases, three of which, we understood, proved fatal. These were treated chiefly on the antiphlogistic plan. In these cases, there were febrile symptoms, and some other phenomena, which threw a suspicion on the fact of their being pure specimens of the disease. The fifth case was more particularly detailed, and the patient had several attacks of this peculiar malady, from which he recovered by small detractions of blood, in the first instance, and then opium and other diffusible stimuli. This was the mode of treatment which the author recommended, steering a middle course between those who look upon the disease as an inflammatory affection of the brain or its membranes, and those who consider the phenomena as dependent on an exhausted condition of the sensorial energy. In one dissection made by Mr. Hunt, there were marks of inflammation in the brain, as coagulable lymph and serous effusion.

The discussion then turned on the pathology of the disease. Dr. Johnson maintained, from many cases which he had seen of delirium tremens, and some dissections, that pure specimens of the disease were not necessarily connected with inflammation of the brain, and, consequently, that the basis of the treatment was opium to procure sleep, and diffusible stimuli to equallize the circulation and excitement. He stated two cases that had recently fallen under his observation, and in one of these, the most minute dissection could not detect the slightest mark of turgescence, or previous increased action in the brain or its membranes. A gentleman who resided in a northern part of the kingdom, where the disease is very common, stated that diffusible stimuli, and more especially large doses of ammonia, were found the only remedies on which any reliance could be placed. Mr. Lambert asked if a disease resembling the one under consideration, did not often occur, after wounds and accidents? This was admitted by Dr. Johnson, Dr. Stewart and others. It constituted the delirium traumaticum, of Dupuytren, described in our first Fasciculus. Dr. Stewart remarked that he had seen the disease on a large scale, in the United States of America, and that almost all those patients who were treated on the antiphlogistic plan, died, while those who were treated

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we think they made their entrance neither by the stomach nor the toes, but, as in most other instances of the kind, were bonâ (or rather *malâ*) fide *introduced* into the part where they were found.

by opium and stimulants, recovered. Dr. Copland related some cases which he had recently witnessed. They were saved by moderate local depletion—calomel and opium—and then smart doses of castor-oil and oil of turpentine. In these cases, there was much epigastric tenderness, and the motions were very black and fetid. The most important practical information, however, was elicited from Dr. Ayre, who, while practising in Hull, had extensive opportunities of witnessing the complaint. He agreed entirely with Dr. Johnson, as to the pathology of the disease. He considered it the very reverse of inflammation. He observed it to arise from several other causes than intemperance in drink, though this last was the most frequent of all causes. He had seen it result from the emanations of lead—from starvation—and from some other sedative causes. In the mode of treatment, he differed somewhat from those who had delivered their opinions in the Society. The plan which he had found most successful was that of giving opium, not in very large doses, but in smaller, and very frequent ones, combining the opium with diffusible stimuli, especially wine or spirits, whichever the patient had been most accustomed to before the commencement of the disease. Dr. Ayre mentioned several curious cases of this mysterious malady. He was asked what were the pathognomonic features of the disease. He answered, that the tremor of the hands, the coolness of the skin, the perspiration, the irascibility of the temper, the loquacity of speech, and, above all, the false images that were presented to the mind's eye of the patient, were the distinctive characters of delirium tremens. There were several pertinent remarks made by other members of the Society, as Dr. Gregory, Dr. Sheil, Mr. Lambert, Mr. Mackelcan, Mr. Chinnock, &c. but the general experience of the Society was evidently in favour of the stimulant and narcotic treatment, in uncomplicated cases of delirium tremens. The pathology of the disease was universally pronounced to be that which was stated by Drs. Johnson and Ayre.

Mr. Duncan begged to trespass one moment on the Society, in order to inquire what were the appearances on dissection of Nowlands, the young man, whose carotid artery Mr. Wardrop had tied, for an aneurismal tumour on the head. The facts which we stated on the cover of our last Fasciculus were fully verified by Dr. Somerville, the President, and Mr. Arnott, who, as well as Dr. Johnson, had inspected the parts.

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### 4. DISEASE OF THE PERICRANIUM.

The affection to which Dr. Abercrombie has lately alluded, in his work on Diseases of the Brain and Spinal Marrow, appears to correspond with the periostitis of Dr. Crampton, as described in the 1st volume of the Dublin Hospital Reports. Sir Everard Home published a paper, many years ago, in which several cases of this disease are detailed. The symptoms, in these cases, were head-ach, with various uneasy feelings about the head—painful tenderness of the scalp in some particular part, with some degree of swelling or thickening of the integuments there. In several cases, there were epileptiform fits. They were treated by dividing the integuments and pericranium freely down to the bone, and then allowing the wound to heal slowly. In making these incisions, the pericranium was found morbidly sensible, as well as thickened—and, in some cases, indurated, so as to resemble cartilage. This treatment by incisions was followed, in some instances, by immediate relief—in others, the patient remained liable to fits or head-achs after any excess or irregularity. In some of them, the incision healed without any affection of the bone being discovered—in others, a portion of the bone appeared white and porous, or honey-combed, and a limpid fluid appeared to percolate through it. In one of these cases, the porous piece of bone exfoliated after the wound had been dressed with dry lint for six weeks. In one fatal case, Sir Everard Home found the pericranium thickened into a mass of a fibro-osseous texture, and corresponding to this internally, there was a similar thickening and induration of the dura mater. Most of these cases had been treated by long courses of mercury, without success.

Mr. Crampton, among other cases, relates one or two where the pericranium was affected. A boy, aged 14 years, had a small angry tumour on one side of the

nose, which extended to the forehead, with erysipelas and fever. On the 9th day he became suddenly comatose, then convulsed—and soon died. On dissection, the pericranium of the frontal bone was found red, thickened, and detached from the bone, there being much purulent matter lying between them. The dura mater was detached from a corresponding space of bone internally, and a greenish fluid was effused between them. Some other cases are quoted by Dr. Abercrombie, who does not introduce any instance as happening in his own practice.

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5. COUP DE SOLEIL, OR ICTUS SOLARIS.

In a long, but certainly not uninteresting paper on this subject, in our Northern cotemporary, Mr. Mitchell, a surgeon in the navy, has given the results of his experience in this curious complaint. It was on the banks of Lake Champlain, in Canada, that Mr. Mitchell's observations were chiefly made, in the Summer of 1815. He had a great number of cases of ictus solaris under his care—almost all marines, who were taken ill on their posts, with their muskets in their hands:—"and such was the fury with which they were seized, that they actually made a charge." He observed three kinds of this disease—1st. Sudden and complete insensibility, with total loss of power, stupor, and stertorous breathing—the apoplectic species: 2*dly*, with symptoms of violent phrenitis and delirium: 3*dly*, with symptoms of chronic phrenitis. It is the first species that we shall notice, as it is that which most commonly attracts attention, and which is most certainly traced to the cause in question. It most commonly occurs in plethoric habits—in men exposed on service (with the stomach distended with food, and the vascular system excited by ardent spirits) under a burning sun—or while sleeping in a drunken fit, exposed to the solar rays. In such cases, it is very difficult to say whether apoplexy has actually taken place, or whether the patient is merely intoxicated. Our author does not attempt to lay down any diagnostic marks. In coup de soleil every thing depends on speedy and energetic treatment. Our author effected a large depletion from the jugular vein, in preference to any other part—then shaved the head, and poured on it cold fluids from a height—thirdly, he placed the lower extremities in very hot water—fourthly, administered stimulating purgative enemata—fifthly, he caused the whole body to be rubbed with stimulating embrocations. If these means prevent a fatal termination in the onset, the after-treatment is the same as for the other species. These other species assimilate with acute and chronic phrenitis, the treatment of which need not be detailed.

A curious pathological investigation would be the modus operandi of solar heat in producing the ictus solaris. The following passage expressive of the author's own feelings on an apparent accession of this affection, may not be without interest.

"On one occasion, when having landed on an island in Jarvis's Straits, which was hardly any thing but a naked rock, and that nearly white from the dung of sea-birds, I suffered much from the reflection of a burning sun, and indeed I thought I was on the point of having a stroke of the sun, as I nearly lost my vision, and my head felt distended as if ready to burst. I rushed towards a cave, in the rock facing the sea, and, finding salt water in it, I took an handkerchief, and with it kept my head in a constant state of evaporation." In a quarter of an hour he felt quite relieved.

The second species bears so much resemblance to acute phrenitis, that we need not dwell upon it here. The treatment must be very active. In one case our author took away five pounds of blood before deliquium animi could be induced, and consequent reduction of arterial excitement.

The third, or chronic species, was found to come on gradually and insidiously—and to continue a long time, without destroying the powers of life. It had a tendency "to disorder the arrangement and association of ideas rather than to destroy vitality." In all the cases he had known, and where the patients had returned to Europe, "their ideas never became correct till they got out of the hot into cooler latitudes, when they awoke, as it were out of a dream, and wondered how they had remained in such a delusion." Mr. M. has only observed this

species in hot climates. It evinced evident disorder or disease in the brain or its membranes as well as in the digestive organs. This species bears a considerable analogy to chronic forms of delirium tremens. It is a temporary insanity, from corporeal disease. The treatment must be directed, of course, to the removal of the physical disorder or disorders, when the mental hallucinations will give way. This paper is rather too much spun out by Mr. Mitchell, though it is indicative of good sense and careful observation.

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### 6. Encephaloid Tumour in the Lungs.

We were much gratified to peruse a case of this kind in our Gazette cotemporary, from the pen of Dr. Seymour, though it will deprive that talented physician of the pleasure of sneering at auscultation, since it proves himself a cultivator of the "inutile lignum." We suspect that a great many will follow the example of Dr. Seymour, and study auscultation and percussion, instead of attempting—vainly attempting, to "roll back the tide of knowledge to its source," and check the growth of improvements, so much needed, in the healing art.

A man presented himself to Dr. Seymour, with difficulty of breathing, violent fits of coughing, scanty expectoration, "wheezing noise on (in) the right side of the chest," which rises and falls in breathing, the ribs of the left side being fixed—"*and the left lung impervious to air.*"* The pulse was 90 and weak, the tongue clean and moist—no hectic fever. "*Complains of weight and tightness at the scrobiculus cordis, and want of appetite—bowels regular.*" An emetic was exhibited, 15th November. Next day, the sense of weight and tightness in epigastrio was relieved—the expectoration frothy—the respiration in the right side "attended with a peculiar harsh noise, like the blowing of bellows." "On the left side the sound is perfectly dull." The Doctor employs percussion—and much to his credit. We cannot, however, see the accordance of the emetic with the physical and other signs exhibited the preceding day. There was the most complete evidence of extensive disease in the chest—but none (to our humble apprehension) of a disordered stomach, the tongue being "clean and moist—the bowels regular." If Dr. S. considers weight and tightness at the scrobiculus cordis, with such evidence of thoracic disease, and without any other symptom of stomach-affection, as indicating emetics, we beg to dissent from the practice. The patient was now bled and purged. The blood was inflamed. The venesection was repeated, and proper remedies, under existing circumstances, appear to have been judiciously administered. In two or three days, the symptoms being nearly the same, Dr. S. hazarded a diagnosis, that there was an aneurismal tumour, or a tumour formed by *enlarged glands*, at the origin of the bronchi, especially in the left side. As the diagnosis turned out to be wrong, on both points, we beg to offer the able author our humble tribute of praise for this candid and laudable confession. If all medical men, in all ages, but especially in this age, had followed, and did follow, Dr Seymour's example, medicine would be a great gainer. We need not pursue the details. The expectoration became profuse—the breathing difficult—the pulse unequal in the two arms, and he died suddenly on the 2d December, sixteen days after Dr. S. was called in. We shall give the dissection in the author's own words.

"The examination was made by Mr. Cæsar Hawkins, in the presence of Dr. P. Latham, Mr. Stone, and myself.

"A tumour was found in front of the chest, above the heart, situated, for the most part, anterior to the roots of the lungs, but surrounding the lower part of the trachea and both bronchi, the trunk and branches of the pulmonary artery, the pulmonary veins of the left side, the arch of the aorta and left carotid and subclavian arteries, but leaving the anterior part of the ascending aorta and arteria innominata uncovered. Behind it was in contact with the œsophagus, and below with the upper part and left

* Though Dr. S. does not deign to mention the *stethoscope*, we defy him or any man to put down the above diagnostic particular, except through the medium of auscultation. Dr. S., is therefore, a *self-convicted* auscultator.

side of the pericardium; thence it extended into the left lung, so that nearly half of that viscus was occupied with a similar congeries of globular tubercles, the largest about two inches and a half in diameter. The tumour of the lung adhered to the left side of the pericardium, to the diaphragm, and to the vertebræ and heads of the ribs behind, so that the lung could not be removed without tearing through the tumour. Most of the masses composing the tumour were of a white colour, but some were black in the centre, and others had begun to become soft and red in the inside. Where the tumour was in contact with the diaphragm, that membrane had become softer. A rupture had taken place, by which an effusion of blood had occurred, from the centre of one of the tubercles behind the vena cava descendens into the cavity of the pericardium, which contained about a pint of fluid blood. The back part of the aorta had also begun to change in texture, though the alteration did not yet reach its inner coat. The calibre of the superior cava was much lessened by the pressure of the tumour, and in one part its coat had been absorbed, so that a small fungous projection had taken place in its interior.

"About an inch and a half of the œsophagus nearest to the tumour had also become thickened and contracted, the change appearing most distinct in the muscular tunic.

"The heart itself was healthy, but the cavities of one of the left pulmonary veins was greatly diminished by the growth of the tumour, which had not, however, affected its coats.

"The left bronchus and its branches were much lessened in diameter by thickening and pressure, and the remaining part of the lung of the left side scarcely crepitated being filled with mucus, and watery exhalation. The tumour had grown most in the lower lobe, so that very little of the texture remained, which, however, was solid. The pleura covering this lobe was much thickened, and adhered to the ribs. Many irregular white masses of condensed cellular membrane extended from the tumour into the outer part of the lung, thicker and less ligamentous than the bands usually are in cancerous tumours.

"The disease did not reach beyond the root of the right lung, which was red and full of fluid, and the pleura contained a number of white spots of a cartilaginous consistence, which were of the size of a split pea.

"A tumour similar to that in the chest, and about the size of a small orange, was situated above the head of the pancreas.

"The rest of the viscera were healthy."

The disease was the fungus hæmatodes—the medullary fungus of English writers—the "Encephaloides des Poumons" of Laennec, the cancerous tubercle of Bayle and others. We repeat it, that we are exceedingly glad to rank Dr. Seymour among the auscultators of the present day—as we are sure the zeal and talents of that physician will advance the study, as well by his own exertions as the example which he will set to the students of this metropolis.

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### 7. REDNESS OF THE INNER SURFACE OF BLOOD-VESSELS.

As this phenomenon leads many people astray, in their speculations as to its causes and effects, we shall take this opportunity of stating the sentiments of Laennec on the subject, as they are entirely in consonance with our own observations.

Corvisart noticed this redness, but avowed his ignorance of its nature and cause. Frank observed it throughout the whole course of the arterial system, and concluded that it was the cause of a peculiar and uniformly fatal fever! The same opinion has been adopted by Kreysig, Bertin, and Bouillaud. But, let it be remembered, that mere redness of a part naturally white, does not authorize us to pronounce it in a state of inflammation. The phenomenon is frequently seen on the inside of the aorta and pulmonary artery. The colouring is of two kinds, scarlet, and a violet hue. Sometimes the redness is confined to the inner membrane—at other times, it penetrates the fibrous, and even the cellular texture. The colour is quite uniform, as if painted, and without any trace of vascularity. Sometimes this stain diminishes progressively from the origin of the aorta; but frequently it terminates abruptly, with irregular edges. In the midst of a

very red portion, we sometimes see a circumscribed spot of the natural white colour. When the aorta contains very little blood, the redness only exists in the part in contact with this fluid. The surface of the sigmoid and mitral valves sometimes exhibits this phenemenon—occasionally the whole of the arterial system. Sometimes the auricles and ventricles alone are tinged—and then it is observed that the heart is full of blood, and the arteries nearly empty. The redness is attended by no appreciable thickening of the membrane, and entirely disappears after a few hours' maceration. M. Laennec is very doubtful whether this redness ever gives rise to any general symptoms, so constant or severe as to indicate its presence. For our parts, we have no doubt on the subject. Like him we have found it in bodies dead of different affections, and without any symptom, during life, that could lead to a suspicion of its existence.

M. Laennec has seen the violet hue of the membrane in subjects dead of putrid fevers, emphysema of the lungs, and diseases of the heart. All these individuals had remained long in a moribund state, with suffocation. In all, the blood was very fluid, evidently altered, with signs of premature decomposition in the body. Accordingly, we more frequently observe this phenomenon in Summer than in Winter. Both kinds of redness—especially the violet, are accompanied by more or less softening of the heart, and an increased humidity of the arterial tunics—the consequence, most probably, of putrefaction.

Upon the whole, we may safely conclude that this tincture of the internal surface of arteries is owing either to some morbid change in the blood itself, or, at all events, to some process which takes place in articulo mortis, or post mortem. A remarkable instance lately occurred in St. George's Hospital, in the case of a man who died of phlebitis. The whole arterial system was tinged.

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## 8. Peculiar Affections of the Cranial Bones.

Dr. Abercrombie has dedicated a section of his late work to certain affections of the bones of the cranium, to the investigation of which he was led by the following case.

A female, 48 years of age, fell down stairs, and received several contusions, one of which, on the head, confined her for some days. From this time, her health was bad—she had fixed pain in the head, and disordered stomach and bowels. Still she attended to her domestic concerns till within three weeks of her death, when she was seized with fever and high delirium. These subsided after venesection, and next day erysipelas appeared on the face, which, also, went off. She recruited a little, and was able to leave her bed, but complained of fixed and deep-seated pain in the right side of the head, a little above the ear, from which there was some discharge. Three days before death (one year from the date of accident) she became comatose, with partial paralysis of the left side.

*Dissection.* The bones of the cranium were very soft. The inner surface of the skull-cap, when raised, exhibited a singular state of disease. The inner table seemed to be wanting through its whole extent, and there appeared the rough, irregular, and cancellated structure of the central part of the bone. Between this surface and the dura mater, there was a deposition of soft adventitious membrane of a yellowish colour, about the tenth of an inch in thickness. On raising the skull-cap, this membrane was found to adhere to the dura mater, leaving exposed the irregular cancellated structure of the bone. In other places it adhered to the bone, exposing the dura mater of its natural appearance. The greatest degree of erosion was in the parietal bones, where several portions were thin and transparent—in a few parts perforated. The external surface of the cranium was of a natural appearance. In the lower part of the right hemisphere of the brain there was an extensive abscess. On the petrous portion of the right temporal bone, the dura mater was of a dark colour, and detached from the bone, which last was sound.

There was no reason to suppose any syphilitic taint in this woman's constitution, the cranial affection must, therefore, have been the result of slow inflammatory action following the blow, and gradually destroying the bone by caries. Dr. A. has not been able to find any case on re-

cord precisely similar to the foregoing. Desault mentions a case, where death followed a blow on the head. The bone appeared sound externally, but the internal table was blackened throughout the whole extent of one of the parietal bones. The dura mater adhered to the parietal bone as firmly as to the other parts of the cranium, and there was suppuration on the surface of the brain. Some other cases, analogous to this last, are collected from surgical writers by Dr. A. who considers them as examples of an uncommon modification of disease of the cranial bones, confined principally to the inner table. The more common modification, however, is that which occurs in the outer table, or which affects the whole depth of the bone, with the history of which disease some remarkable phenomena are connected. It seems to be a low inflammation, which may arise from injuries extremely slight—or without any obvious cause. Its progress is very slow, and it may terminate by exfoliation of a part of the outer table, or it may affect the whole bone, and, extending to the brain, prove fatal. Mr. O'Halloran mentions the case of a man who was seized, without any injury, with pain in the upper part of the os frontis, which increased in violence, and unfitted him for his avocations. In the course of four months an abscess formed and burst—the bone was found carious and perforated by an opening, through which the dura mater was seen covered with pus. The piece of bone became loose, and separated in ten days. The patient recovered. Dr. Abercrombie does not think that the trephine promises much success in these cases. We think differently, and shall shew cause in our next Fasciculus.

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### 9. IRISH COLLEGE OF PHYSICIANS.

We are glad to see our velocipede cotemporaries, of all colours, taking so much interest in the medical politics of the Sister Island. It appears that the Irish College has determined to admit LICENTIATES without a university degree. The only essential conditions are—"four years' study—certificates of attendance on the professors of the school of physic, and the professor of midwifery—two years attendance at any chartered hospital—an examination."

The Medical Gazette has strongly ridiculed, and, of course, censured, this new regulation. For our own parts, we do not find fault with it. If there is to be a certain degrading title kept up among physicians, namely, that of LICENTIATE, why, in the name of sense or science, make the acquisition of a diploma from a regular university, an essential item in the list of qualifications? It is quite sufficient that a man who has studied his profession for four years, should be obliged to have branded on his forehead the term licentiate, before he can practise, without being also obliged to degrade a university, as well as himself, by passing under the yoke. If the examination, in the Dublin College, be properly conducted, and the examiners take care to see that the proofs of four years' study be authentic, then we say that the said regulation must ensure properly qualified practitioners for the public—and that is the main object of all medical institutions. This license does not, we suppose, confer the doctorate upon the individual, but merely gives him permission to practise. While we decidedly object to the obnoxious term of LICENTIATE, enjoyed by every pedlar who sells ribbons through the country, and every hawker who goes bawling about the streets with newspapers and penny pamphlets, we cannot see any mortal offence in the principle of the regulation. It would, indeed, be a fortunate and happy circumstance, if the same regulation could be extended to medical practitioners of all kinds.

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### 10. PRIZE ESSAY AND DISCUSSION ON TUBERCLES.

The ROYAL ACADEMY OF MEDICINE offered last year a prize for the best dissertation on the subject of tubercles, and, at a late sitting, M. Rullier read a report of the commission appointed to examine the candidate essays. The motto of the first essay was "cujusvis est hominis errare." The author passes in review the clashing opinions entertained by pathologists as to the origin of tubercles. Are these bodies (as some represent them) accidental tissues developed in certain parts

by a kind of anomaly of nutrition—or are they the product of a morbid secretion, a species of concrete pus disposed in the areolæ of parts? The author cannot tell. Another, and perhaps a more interesting question is, how are these bodies resolved? The author thinks there are three modes employed by Nature—softening, atrophy, and resorption. Messrs. Thenard and Dulong having found in tubercles the same salts, and in the same proportion, as in bones (phosphate and carbonate of lime) the author attributes the formation of these bodies to a deviation of the above salts from the bones. He strengthens this hypothesis by the fact of the greater lightness of the bones of tuberculous subjects, and the exuberant proportion of phosphate of lime in the milk of cows affected with tubercles. The commission attaches no great importance to this theory. After alluding to the fact, that these bodies are found in the fœtus, he observes that hitherto they have been discovered only in the mammiferous animals and in birds. In the first class, they are seen almost exclusively in the herbivoræ. It is certain that tubercles have never been detected in dogs. In respect to the effects of tubercles in the organs where they exist, it appears that these effects are nearly null till the tubercles begin to soften. Then the circumjacent parts inflame, ulcerate, and form accidental tissues destined, he thinks, to isolate and envelope them. As to the primitive seat of these bodies, the author concludes that it is neither in the lymphatic system, nor in the mucous follicles, but in the cellular tissue. Tubercles in the lungs, according to the author, are the sole cause of phthisis, notwithstanding what Bayle and others have said to the contrary. The commission think this assertion is too absolute, and admit the existence of cancerous, calculous, melanic, and even *osseous* phthisis. The commission, also, blames the author for having attributed too much influence to pulmonic inflammation, in the production of tubercles. They think that these bodies exist before the phlegmasia—or if they become developed afterwards, it is owing to the cachectic habit of body produced by the preceding inflammation. The commission ridicules the assertion of Laennec, that tuberculous excavations have healed —or, in other words, that phthisis has been cured. Speaking of bronchial phthisis, where the softened tubercles have discharged themselves by fistulous openings into the œsophagus or bronchia, he notices the curious fact, and illustrates it by a preparation, that the perforation is always through one of the cartilaginous rings, and never through the intermediate membrane. He remarks that tubercles of the mucous membrane are very generally confined to the sub-diaphragmatic portion of the alimentary canal—and especially to the lower portion of ileum, where they lead to ulceration. In laryngeal phthisis, he maintains that tubercles in the larynx are the primary source of the disease—an opinion which the commission contests. They believe that ulceration is the primary condition.

In respect to tubercles in the brain, the author notes the intermissions of the nervous disturbances dependent on these tubercles—a fact that is truly inexplicable. It certainly strengthens the doctrine, that a pure intermittent fever itself may depend on some lesion of structure, notwithstanding the periodical states of apyrexia. The author thinks that tubercles in the bones, a disease which has excited but little attention, are the cause of many cases of white swelling, spontaneous luxations, vertebral caries. He shewed a preparation exhibiting a veritable tuberculous cavern in the spinal column. The commission passed high encomium on the Essay, but did not adjudge to it the prize. They awarded its author, however, a medal, value 500 francs.

The reading of this report led to an animated discussion. M. Andral freely censured the doubts cast by the commission on the possibility of cicatrization in tuberculous excavations—and consequently the sanability of phthisis. Both these are proved, he observed, by symptoms, by pathological anatomy, and by analogy. Thus, a person will present all the symptoms of phthisis, with unequivocal pectoriloquism under one of the clavicles. The patient recovers, and dies of some other disease; and in the place where the pectoriloquism was heard, will be found a cavity lined, or filled, or filling up with various kinds of tissue, proving the restorative process that had been going on or completed. Analogy shews us that the excavations of diseased lym-

phatic glands will fill up in various ways. M. CHOMEL also criticised the commission on this point. They admitted the possibility of cicatrization in cases of insulated tubercles—and this was all that Laennec and others contended for. No man ever stated, that a tuberculated lung would recover after several excavations had formed. This physician adverted to the intermissions of functional disturbance in organic diseases. He conceived that, in such cases, the symptoms of functional disorder were not exclusively dependent on the structural lesion (which is permanent of course) but upon some accidental and temporary causes, which unite their influence with the organic disease. M. Rullier replied and explained, by which explanation, it appeared that he entertained nearly the same opinion as Laennec and others, respecting the cicatrization of tuberculous excavations.

The intermission of symptoms in organic diseases, however, led to some sharp controversies—but the problem was not solved by the "collective wisdom" of the Academy. On breaking the seal of the motto, the author's name was found to be M. Larcher, internal elève of the MAISON DE SANTÉ, rue Faubourgh St. Dennis.

## HOSPITAL PRACTICE.

### 1. LA CHARITE.

REMARKABLE DISEASE OF THE MUCOUS MEMBRANE OF THE BLADDER. By M. LOUIS.

This distinguished pathologist remarks that, of all other mucous membranes, that of the bladder is the least frequently found diseased. This is the more to be wondered at, when we consider the great variety of alterations to which the urine is subject, from diseases and from diet. M. Louis examined the mucous membrane of the bladder in 500 subjects, dead of various diseases, and found six instances where this surface was affected with simple redness or injection of vessels, but without any softening of structure. In two or three other cases, there were softening and other species of organic lesion. Two cases we shall present in an abridged form to our readers.

*Case* 1. A man, aged 77 years, was brought to the hospital, on the 23d March, 1827, in a desperate condition. It was learnt that, lately, he had been obliged to make water very frequently, but without pain. Two or three times he passed blood in his urine in considerable quantities—and, for a fortnight before he entered the hospital, his water contained more or less blood. He died the next night, presenting gangrene of the lower extremities, &c.

Passing over the morbid appearances in other parts of the body, we find that the bladder was contracted to about the size of a man's fist, and was slightly prominent above the pubes, being adherent to the transverse arch of the colon by a membranous cord, of about two inches in length. It contained three or four ounces of dark-coloured, purulent liquid. The internal surface of this receptacle was red, and presented an adventitious tissue, better than a line in thickness, and of a filamentous structure, but quite soft and easily lacerable. The urethra was perfectly sound. M. Louis has not been able to find a case of morbid anatomy of the bladder, precisely similar to the above, in any of our pathological writers. There can be no doubt, however, that it was a product of inflammation—and, moreover, that it was rather a morbid development of the mucous membrane itself than a new or adventitious structure formed by disease.

This patient died of a rupture of the left auricle of the heart, within the pericardium—an extremely rare accident.

*Case* 2. A female, aged 45 years, was received into LA CHARITÉ, on the 15th March, 1827, stating that she had been ill about eight months. In the beginning of that period, she had some uterine discharges, accompanied by pains in the hypogastrium and loins, which she characterized as lancinating and tearing, and with hardly any remissions.

The right thigh had lately become the seat of a disagreeable sensation of formication. The urine was passed very frequently, and in small quantities at a time, during the preceding four months. The bowels were constipated—the disease had been left to itself. On examination, there was perceived a swelling in the hypogastrium, rising a couple of inches above the pubes, and accompanied by the most acute sensibility on pressure. There was some inconsiderable discharge from the vagina. No fever; but the vital powers were evidently sinking. She lingered out till the 28th of April, when she died. Latterly she had been affected with diarrhœa.

*Dissection.* Omitting the notice of some unimportant lesions in the stomach and bowels, we come to the urinary organs. The kidneys were pale, and not more than half their natural size, and yet their pelves and infundibula were very much enlarged. The lining membrane of these last parts, as well as that of the ureters, was thrice its natural thickness. The bladder was very small. The internal surface presented a strange medley of morbid productions, which it would be very difficult to describe. There were three layers, as it were, of diseased growths—one appeared to consist of pyriform vesicles, demi-transparent, containing a clear, but yellowish fluid. These were mixed with, or joined to, another set of bodies, bearing more the charater of tubercular bodies. The mucous membrane, and the submucous tissue, was in a state of great disease. The uterus presented several scirrhous masses growing about its cervix and body.—Repertoire.

The above are curious specimens of morbid anatomy.

We have said that rupture of the left auricle of the heart, within the pericardium, is a rare accident. We lately saw, in the possession of Dr. Somerville, jun. a fine specimen of aneurismal pouch, of aortic origin, but within the pericardium —that is, behind the semilunar valves. It had attained the size of a large goose-egg—and, ultimately, burst into the cavity of the pericardium, causing immediate death, of course.

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### 2. HOPITAL DES ENFANS MALADES.

#### Peripneumony of Children.

In the Hôpital des Enfans Malades, M. Guersent, has lately been induced to try the efficacy of tartarized antimony, in the pulmonic inflammations of children, in the above institution, and has published, in the September Number of the Archives Generales, a few cases illustrative of this plan of treatment M. Guersent, does not, like Laennec, and some of the Italian physicians, trust, almost exclusively, to antimony. He bleeds vigorously at first—but finding that this measure is insufficient, he employs the above remedy in large doses. Thus, in the first case, a boy of 12 years of age—the inflammation occupied almost the whole of the left lung, and the second stage, or hepatization, had taken place. The patient had been repeatedly bled and leeched, but still the cough, the dyspnœa, the fever, the viscid and scanty expectoration, threatened the boy's life. In this state, M. Guersent ordered six grains of tartar emetic to be dissolved in twelve ounces of orange-flower water, and this portion to be taken in divided doses, every two or three hours, in the course of one day and night. The first dose vomited the child once, and produced three or four alvine evacuations. The three next doses occasioned neither sickness nor purging. The little patient had some sleep, and next morning the symptoms were mitigated. During the succeeding two days, the same medicine was administered, without any inconvenience, though the daily quantum was augmented to eight grains. The disease was very quickly subdued. Some of the other cases were more formidable, and the same treatment was adopted with success.—Archives.

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### 3. MEATH HOSPITAL, DUBLIN.

#### Hepatic Disease. Drs. Graves and Stokes.

In the following case, related by Drs. Graves and Stokes, from the Meath Hospital, some observations will be found, corroborating certain opinions which we gave in our review of Dr. Bright's work,

in the second Fasciculus of this Number, page 319.

*Case.* J. M'Clusky, aged 11 years, of scrofulous habit, labours under considerable swelling of the abdomen, with fluctuation and tympanitis. "The right hypochondrium appears rather full; upon examination, the liver can be felt extending across the left hypochondrium, and as far down as the umbilicus, presenting a defined edge." He had œdema of the left leg—no cough or dyspnœa—good appetite—much thirst—urine copious, light-coloured—and depositing albumen in abundance when heated. Bowels are regular, the pulse 125, tongue clean and moist, sleeps well. The complaint was of twelve months standing. One grain of calomel was ordered to be taken every night, and some mercurial frictions to the right hypochondrium. On the eighth day of this treatment, the mouth was affected, and the calomel was omitted. Having caught cold, a smart ophthalmia occurred, which required leeching, &c. Afterwards, as the swelling of the abdomen continued, the calomel was renewed, in two grain doses, and half a drachm of the spir. æth. nitr. was given twice a day. The belly became reduced in size—the urine more copious, but still coagulable by heat. In a short time afterwards, he was discharged, the abdomen being nearly reduced to its natural size, and the appetite good. The following extract from the observations appended to this case, we deem worthy of insertion.

"It is not easy to determine the nature of the hepatic tumour which was so very considerable in this boy. It was slow in its increase, and not attended with well marked symptoms of chronic inflammation of the liver. There was no tenderness on pressure, nor any pain or uneasiness in the right hypochondrium. There was no evident derangement of the biliary secretion, and his appetite, sleep, strength, and nutrition, were scarcely impaired. On the other hand, the œdema of the left leg, the commencing ascites and tympanitis, the albuminous urine, accelerated pulse and increased thirst, all united to prove that the constitution had begun to suffer in consequence of the diseased state of the liver. The alterative doses of mercury, which were cautiously exhibited, were evidently productive of much benefit. The mixture with spirit of nitrous æther seemed useful in relieving the Tympanitis. *In this, and many other cases, where considerable organic alteration had taken place in the liver, we have observed an apparently healthy secretion of bile. Thus we have found bile of an healthy colour and consistence in the gall bladder, when the substance of the liver was tuberculated throughout. Naturally coloured alvine discharges therefore furnish no proof that extensive organic disease of the liver does not exist.*"

"Concerning the albuminous state of the urine we may remark, that it is no proof of an inflammatory condition of the constitution, it merely indicates considerable disorder of the function of assimilation. In health, a certain portion of animal matter is contained in the urine, in the form of that highly animalized substance, urea. This may be increased so much in quantity above the healthy standard as to constitute a disease. When the assimilative powers are more deranged, the animal matter of the urine ceases to assume the more highly animalized form of urea, and is voided in the form of albumen, which contains much less nitrogen than urea. In a state of the system still further depraved, it passes off in the form of sugar, which contains no nitrogen, and is the least highly animalized. In diabetes, it is probable, that the urea is voided in increased quantity at first; as the disease proceeds the animal matter is voided in the shape of albumen, and afterwards of sugar. When diabetic patients are getting better, then the contrary seems to take place; and when the sugar diminishes the albumen increases or reappears, and afterwards is replaced by the more healthy secretion of urea. Doctor Prout was the first to establish the existence of these three different species, or rather stages of diabetes. In dropsy the appearance of albumen in the urine is a bad sign, as indicating a depraved assimilation and a source of debility. We have established, by numerous experiments, that when there is much albumen, there is scarcely any urea in the urine, and *vicê versâ*, or more generally that the proportion of urea is inversely as that of the albumen. How far the treatment suited to diabetes may be also applicable to cases of chronic dropsy with

albuminous urine, and unattended by organic disease, experience alone can decide."

The passage which we have marked in italics, is that to which we wish to draw the attention of Dr. Bright, and the public. But the whole of the observations of our intelligent authors are deserving of notice.

### Pathology of Fever. Drs. Graves and Stokes.

We believe that none, even of our continental brethren, have taken greater pains to investigate the causes, the seat and the consequences of fever, than the two physicians above-named. Their sentiments, therefore, on the pathology of this wide spread disease must be interesting to the profession at large. These sentiments may be gathered from some observations appended to a case of fever (among many others) treated in the Meath Hospital.

"The epigastric tenderness, with nausea and vomiting, so common in this fever, seemed to be caused by inflammation of the mucous membrane of the stomach. In most of the fatal cases this was found of a dark-red colour and very soft, a condition evidently produced by violent inflammation. In others the redness was not so extensive, dark, or continuous; although we acknowledge, that in the present fever the above symptoms, depending on inflammation of the stomach, are very frequent, yet we have seen some cases where there was no evidence of any local inflammation whatsoever; and in others again, have observed that some other organ, as the *brain* or *lungs*, was the seat of inflammation, while the stomach was free. We cannot subscribe therefore to the opinion, which supposes a local inflammation to be the root of all fevers, or to that which attributes their origin solely to inflammation of the mucous membrane of the stomach and alimentary canal. In our dissections we have in some cases found the brain inflamed, in more cases the lungs, and still more some part of the digestive organs. We do not recollect to have found in one instance, out of very numerous dissections, a fatal case of fever which did not exhibit some serious local lesion of an inflammatory nature; so that while we deny, from our observation of cases during life, that fever necessarily implies local inflammation, dissection has convinced us that the occurrence of local inflammation during fever, is the general cause of its fatal termination. Let us here observe that the latter inference is by no means contradictory of the former; for in the fatal cases, accurate observation always detected, *during life*, the seat of the inflammation; so that in those cases which terminated favourably, and where no such symptoms existed, our inference that no local inflammation had been present, receives additional strength from our post mortem examinations, for there we always found inflammation where we expected to find it; that is to say, we were always able to pronounce on its situation, so far as to tell, before the body was opened, *in which cavity the inflammation would be found.* The post mortem examinations have been always conducted by ourselves with the greatest care, and we generally spend between two and three hours in the examination of the body, being convinced that nothing has contributed to retard the advancement of medicine so much as superficial post mortem examinations. In examining the abdomen, we first note the general appearances of the intestines, and then take out the whole intestinal tube, which we slit up with an *enterotome* at its mesenteric attachment; this is done in order to avoid dividing any of the follicular patches or ulcerations in the small intestines, which are always situated at some distance from the mesenteric attachment. During this process we examine the contents of the alimentary canal; and afterwards having first carefully washed the mucous membrane, we remark its appearance throughout its whole extent from the stomach to the rectum. The morbid anatomy of the brain, the lungs, and the intestinal canal, has, within these very few years, received so many important additions, so much light has been thrown on this subject by more accurate investigations, that we would hesitate much in drawing any conclusions from the dissections of fever subjects recorded before this period. Indeed, we could prove that in most of even modern works on the pathology of fever, morbid appearances have been frequently mistaken, and more especially that many things, both

in the brain, lungs, and alimentary canal, have been set down as morbid, which really are not so; consequently, conclusions, not at all justified by the state of the parts, have been drawn. Thus, we hear of sanguineous congestion in the head, and morbid vascularity of the brain, intestines, &c. where the very accounts given contain internal evidence, that these supposed morbid appearances had either no claim to that appellation, or resulted from changes which took place immediately before or after death. In fact, we look upon the morbid anatomy of fever as a subject which requires to be investigated almost *de novo*. Our assertion, that we have hitherto found evident lesions of vital organs in all the fever subjects we have dissected, is, we are aware, opposed to the recorded experience of many authors, who relate numerous cases in which no morbid alteration of any consequence could be detected. We question however very much the accuracy of such dissections, for, as has been well observed by Rostan, nothing is easier than to find nothing. We doubt whether such persons have injured medical science more than those who have found too much."

We recommend the above careful mode of *post mortem* researches to the attention of our brethren in this country—especially those who have the superintendance of public institutions, and who, consequently, have less difficulties to contend with, than those in private practice. We believe that very few cases of fever go on to a fatal termination, without the occurrence of organic changes—at least of inflammation in some of the great viscera. These may be the cause of death, but not of the fever.

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#### 4. ROYAL INFIRMARY OF EDINBURGH.

In a paper on bronchotomy, Dr. Cullen has related the following interesting case that occurred some years ago, in the Royal Infirmary.

*Case.* A healthy married woman, aged 25 years, having laboured under considerable depression of spirits and mental distress, attempted suicide with a table-knife, but only made a flesh-wound over the crico-thyroid membrane, which was slightly perforated. Through this aperture the woman breathed, when Dr. Cullen saw her two hours afterwards. The wound was not of much consequence in itself, but the patient was in an unpleasant condition in other respects. She was slightly delirious—dwelling on her domestic grievances—pulse small and feeble—face flushed—tongue white and tremulous—countenance expressive of anxiety and suffering. The wound was dressed—the head shaved—and ice applied to the scalp. Some wine and water was given to her, when she was disposed to sink—a cathartic was administered, and she was confined in a dark room. She passed a quiet but sleepless night, and next day had cough. Delirium returned in the evening. Leeches to the temples and forehead. *Third day.* Rather better—cough, with difficult expectoration. In the evening, the stethoscope detected inflammation in the smaller branches of the bronchia. A large blister to the sternum. *Fourth day.* Delirious, probably from agitation at seeing her husband. *Fifth* morning, early, she was reported to be dying. Dr. Lubbock, the house-surgeon, found her on the point of suffocation, with death-rattle in the throat—livid face—cold extremities. Dr. L. quickly introduced a large curved canula into the wound, which enabled the patient to take a deep inspiration, and the breathing immediately became easier. She now brought up a quantity of mucus through the canula by a process which Dr. C. will not allow to be exactly coughing. The alarming symptoms soon subsided, and the expectoration became free. The same train of dangerous symptoms again occurred in the evening from the slipping out of the canula, but were again relieved by closing the opening in the larynx, and inducing the woman to cough up the mucus by the natural passage. This, however, had but a temporary effect, and she died the same night.

*Dissection.* The vessels of the brain were found much injected, with considerable effusion in the sub-arachnoid cellular tissue. There was no disorganization of the substance of the brain, but there was much serum in the ventricles and at the base of the brain. The bronchia, especially on the left side, were obstructed with bloody mucus—the lungs sound.

The mucous membrane, in the neighbourhood of the wound, was inflamed but not thickened. There was no effusion into the submucous cellular tissue, and, consequently, no diminution of diameter in the glottis. The membrane of the trachea and bronchia was highly inflamed. —ED. JOURNAL.

Dr. Cullen seems to think that this poor woman's death was occasioned by the state of the air-passages. But we imagine the phenomena presented in the brain were more likely to occasion the fatal event. The case, however, has been evidently brought forward to illustrate some observations made in a preceding number of our Northern contemporary, on the difficulty which a patient has in coughing up, or rather expectorating the phlegm, after bronchotomy. Indeed, it is probable that, had it not been for some observations which we made on Dr. Cullen's paper, this last case might not have seen the light. We said that a patient can cough—that is, forcibly expectorate through a tube in the trachea. Dr. C. maintains that is not coughing, strictly speaking. We will not quarrel with the learned Doctor about the name of process; but, having seen a patient cough for weeks and months through a canula, we cannot give up the evidence of our senses, even to support an ingenious hypothesis. If Dr. Cullen will look into the 5th volume of the Medico-Chirurgical Journal and Review, for January, 1818, he will there see the case of Mr. Price, of Portsmouth, who, to this day, breathes through the tube. Dr. C. will see the diurnal details of the case, where the act of coughing is every day stated—and where, on the 55th day after the operation, the following passage occurs:—"Last night he felt a piece of bone (ossification of the thyroid cartilage) fall down into the lungs, and has ever since been in a dreadful state of *coughing*. He feels the piece come up to the tube, but, as he cannot get it out, it falls back, and keeps him in constant agitation." A large canula was quickly constructed, and forced into the aperture, and, "shortly afterwards, in a *violent convulsive cough*, he threw out the piece of bone (No. 1) *quite across the room* where he was sitting." P. 6. Now we think Dr. Cullen will absolve us from the charge of forging a case ten years ago, and putting down expressions that were to contradict his theory at the present time. After this document, we leave him to persuade the world,-*by words*, that a man cannot *cough* after a tube has been introduced into the trachea.

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## 5. GLASGOW INFIRMARY—HOSPITAL OF SURGERY, &C.

### PULSATING TUMOURS OF THE SCALP.

The first case which we shall notice, occurred to Dr. Maclachlan, one of the surgeons to the Glasgow Royal Infirmary, and is related by that gentleman, in the first number of the Glasgow Medical Journal.

The patient, a discharged soldier, æt. 30, applied to Dr. M. with a tumour on the left side of the scalp, presenting the following appearances:

"Soft, puffy, pulsating, and somewhat elastic swellings of a varicose appearance were found to occupy the course of the temporal, posterior auris, and occipital arteries and their principal branches; each branch terminating by a tortuous extremity. These swellings could be made partly to disappear on pressure, but on its removal, they speedily regained their former volume. They pulsated throughout their whole extent, and the pulsations were synchronous with those of the heart. By pressing on the common carotid, the pulsations ceased all along the swellings; and, by intercepting the flow of blood through the temporal or posterior auris, the throb was interrupted in corresponding parts of the tumour. They were not painful on being handled, but he complained much of the torture he had experienced for the last two months, from the throbbing, which often deprived him of rest for nights together, and, as he said, made his existence miserable to him. The integuments covering the swellings were of their natural colour; only at those points which were most prominent, they had a slightly blueish-red tinge.

"This *arborescent* tumour commenced in front of the ear, immediately over the zygoma, and quickly swelling out, it became of the size of a split lemon, lying transversely over the ear. It sent a process forwards on the forehead, communicating by a tortuous extremity with the

supra-orbitary twig from the internal carotid; a large process upwards to the crown of the head; and backwards, the main body of the tumour communicated with the puffy swellings of the posterior auris and occipitalis, which latter vessels gave a varicose feeling to the scalp over the left side of the occiput.

"The largest and most prominent part of the tumour was immediately over the ear: at this point, the throbbing was very violent, and the integuments being very thin and rather pointing, it threatened ere long to burst."

Ten years previously the temporal artery had been opened, and a small aneurism formed upon it. For this the vessel was cut across, but without success, and a ligature was then applied. The little tumour disappeared for a time, but afterwards returned, though for the first five years it gave him little uneasiness. Pressure had been already employed, and the patient would not again submit to it, but wished his carotid artery to be tied. Dr. M. however, proposed taking up the vessels separately that fed the tumour, and, if this should fail, tying the common carotid. Accordingly, assisted by Professor Towers and Dr. Anderson, he exposed the temporal artery, as it emerges from under the parotid, and found the vessel larger than a goose-quill, thinner and more diaphanous in its coats than a vein, and pulsating with much violence. A ligature was applied upon the vessel, with a compress and bandage for additional security. Pulsation ceased in the anterior and central parts of the tumour, which felt flaccid and doughy, but, Dr. M. not liking the state of the vessel, determined on securing the carotid, which was done next day in the presence of Professors Burns and Towers, Drs. King and Anderson. The steps of the operation, which was performed on the 10th July, we need not describe, but, immediately after its completion, the tumours of the head felt flaccid and lost their pulsation, although they were but little diminished in size. Next day he was seized with pain in the right side; pulse 120; skin hot. *V. S. at two bleedings, to* 70 *oz. Saline purges—a blister.* 12*th.* Pain of chest easier—breathing oppressed. *Tinct. digital.—anodyne at bed-time.* 13*th.* Much the same, but, in the afternoon, there came on pain in the region of the liver, increased on pressure. *V. S. ad* ℥xxiv.—*castor oil—turpentine enema—anodyne.* 14*th.* Delirious—respiration oppressed—pulse 144, feeble. Died at 5, p. m.

*Sectio cadaveris, fifty hours after death.*—In consequence of the heat of the weather, putrefaction had made some progress. There was some pus in the anterior mediastinum, and about a pint of greyish muco-purulent matter in the right cavity of the pleura, with a little bloody extravasation into the left. The wound had adhered by the first intention, but was partially opened up by putrefaction. The carotid artery appeared to be quite sound in the neck—small clots had formed above and below the ligature, and the artery was puckered from the recent deposition of lymph. Its inner coats were divided, its external entire, but below the ligature the inner coat was of a vermilion tint, as was that of the thoracic aorta. The aortic arch between the heart, and the giving off of the left carotid, was healthy. The temporal and other branches of the carotid in the head "had degenerated into dilated tubes of great thinness and transparency," and had become elongated, contorted, and convoluted on themselves, so as to form, by this species of doubling, the tumours which constituted this singular disease. Where the thinning of the branches began, or whether the internal branches of the carotid had suffered also, giving rise to the epileptic fits to which he had recently become subject, Dr. M. was prevented from ascertaining.

Dr. Maclachlan thinks, and so do we, that there is an obvious difference between this species of pulsating tumour, and the aneurism by anastomosis described, by John Bell, as "a congeries of active arteries, absorbing veins, and intermediate cells." Two cases are given by Pelletan in his Clinique Chirurgicale, precisely tallying with this. One patient was a girl of 18, on whom compression was tried, but she could not bear it. He then tied the temporal artery, and with good effect, but the patient died of "indigestion." Upon dissection, the tumour was found to consist of tortuous and dilated arteries. Boyer, Pelletan, and others, are of opinion, that the disease is congenital, but without sufficient grounds. Dr. M. himself opened the temporal artery in the first instance, and, at

that time, there was no trace of enlargement. We now come to the question of treatment. In all the cases of the affection which have been published, compression has failed, on account of the pain which it induced; and, when we consider the anatomy of the parts, we might be led to expect as much. Ligature of the temporal artery has been tried, but, although it gave a temporary relief, it does not seem ever to have effected a cure. This, too, might have been expected; for, although the disease consists, in the main, of the convolutions of one trunk, the temporal, still the anastomoses between it and its fellow of the opposite side, as well as with the occipital and even the supra-orbital artery, must always be enough, and more than enough, to allow of the *free* ingress of the blood into the tumour. If this reasoning applies, and we believe that it does so, to the tying of the vessel which *immediately* feeds the tumour, must it not, à fortiori, apply to the ligature of that great trunk which does *not* immediately feed it, we mean the common carotid? You tie the carotid, you expect to obliterate its dilated temporal branch, and why? Is it because a similar operation on the femoral artery will cure a popliteal aneurism? The analogy is not a fair one. Between the point of the ligature and the sac, there come off in the femoral no branches of any consequence. One or two of the articular arteries may arise just above the sac, but they are small, and, at any rate, anastomose with the tibials below, so as not to interrupt the remora in the sac itself. The new circulation is carried on principally by the branches of the profunda and common femoral, (we mean its long external descending ramus,) and *not by the vessels of the artery tied.*

With the carotid it is exactly the reverse. First, there is the division into internal and external, and, prior to this last terminating in the internal maxillary and temporal, there are *eight branches given off*, all of them having communications, more or less free, with each other. This being the case, we put it boldly to any man of common sense, whether he can reasonably expect to obliterate an enlargement of the *terminal* branch of a vessel, whilst a full and free circulation *must* necessarily be kept up between that enlargement and the ligature. The consequence of tying the common carotid is simply this, that the vessel is obliterated nearly as high as its division into the external and internal, but not one jot higher, because, above this, the circulation is brought *into* these vessels by their anastomosis with the inferior thyroid of the same side, and the thyroid and other branches of the opposite, as well as by the free inosculations of the internal carotid. In fact, the man who imagines he can plug up the temporal artery by an operation on the common carotid, might just as fondly attempt to obliterate the vessel of the great toe, by tying the artery at the groin!

So much for what the operation has *not* accomplished, but let us look a little at what it *has*. In the case detailed by Dr. Maclachlan, there cannot be a doubt that it was the immediate cause of the patient's death—in the case which we are now to detail, there can be as little doubt that it led ultimately to the same end.

J. Nowlan, æt. 22, was admitted into Panton-square, with a pulsating swelling on the left parietal bone, in the situation of the posterior temporal artery. It could be emptied by pressure, but a large communicating branch passed across the vertex from the opposite temple, and contributed to supply it with blood. The cranium beneath appeared to be very considerably absorbed, and the integument above was stated, in the Lancet, to be blue and ready to ulcerate, but the latter statement we have heard denied. The temporal artery had been secured, at least it was so supposed, by Mr. Babington, but with no effect. The day after the man's admission, the common carotid artery was tied by Mr. Wardrop, in order, as the reporter tells us "to completely arrest from almost every channel, the supply of blood to this rapidly increasing vascular tumour." Much difficulty was experienced in getting the needle round the artery, and a free bleeding took place (so goes the report) from *two large thyroideal veins.* The pulsation ceased, but the tumour did not collapse, and next day a thrill was again perceptible. On the fifth day, there was much fever, and he was bled to syncope—on the 7th, hæmorrhage, partly venous and partly arterial, occurred to a considerable extent, and he was again bled to fainting. On the 9th day, he was once more largely bled, venous hæmorrhage

had occurred daily since the operation, the wound was not disposed to unite, and the tumour distinctly pulsated. 11*th day.* Pain in the left eye-ball and orbit, with deafness, drowsiness, and mental disturbance, which increased on the 12th almost to coma, with contracted pupil. On the 13*th day*, he was better, but the eye-ball was found to be greatly protruding, which was attributed, by Messrs. Lawrence and Wardrop, to a powerful compression on the brain, exercised by an aneurismatic state of the vessels of the dura mater, communicating through the skull with the tumour on the head! This was certainly an odd notion enough, and turned out to be any thing but the true one. The protrusion in the eye-ball, however, continued to increase—the sclerotica sloughed, and the humours were discharged. The ligature came away on the 25th, and the wound quickly healed.

On the 26th October, the case was brought forward by Mr. Duncan, the very intelligent house-surgeon at Panton-square, in the Westminster Medical Society. After detailing the case, he requested the opinions of the members on the treatment to be adopted, for, at this time, the tumour was very little better than before the performance of the operation. It would not be difficult to raise a laugh, were we to record many of the opinions as to the nature of the disease expressed by gentlemen on that occasion. Mr. Mayo proposed excision of the tumour. Dr. J. Johnson recommended circumvallating it by a circular incision, and tying the vessels which fed it directly, as well as those which supplied it by anastomosis. Nothing further was heard about the case until the 4th January, when the poor fellow was admitted into the Middlesex Hospital, with lumbar abscess, and altogether in a most miserable state. On the 21st he died. The tumour, at this time, was large and pulsated very strongly.

On dissection,* the posterior temporal artery was found to divide into two branches, one running, as usual, beneath the skin, the other perforating the tendon of the occipito-frontalis, and then, considerably enlarged, twisting and turning and coiling upon itself, looking, when injected, as like a varicose vein, as it is possible for a vessel which has no valves, to resemble one which has them. On examining the neck, the common carotid was obliterated, and converted into a cellular chord just up to its bifurcation, whilst the jugular vein was in nearly the same state of degeneration from the site of the ligature up to the division of the carotids, from which to the base of the brain it was plugged with coagulum. There was much pus at the basis cranii, and around the commissura tractuum opticorum; it lay between the pia mater and arachnoid, and was continued within these membranes down the whole length of the spinal chord. The cranium was somewhat grooved beneath the tumour, just as it would be beneath a powerful muscle, but the pericranium was entire, and the inner surface of the bone was *perfectly smooth and equal.*

We have thus given an abstract* of this very interesting case, and it seems to us entirely to confirm what we observed upon Dr. Maclachlan's. It establishes most completely the inutility of the ligature upon the carotid, for that vessel was plugged up no higher than (indeed not so high as) its bifurcation. This is a fact of some importance, for, although we cannot well be accused of belonging to that IGNAVUM PECUS, who are eternally prating about "the wisdom of our ancestors," and entertain a most conscientious horror of every thing which was not known to pathologists in the good old days of Noah, still we do think that if any thing is carried to excess at the present time it is the rage for tying carotid arteries. The operations on this vessel which have been performed of late by Mr. Wardrop, have been most unfortunate, and sorry as we should be, to attach blame to any man who endeavours to establish a principle in surgery, we would yet intreat Mr. Wardrop for his

* The principal facts stated here were given by us upon the cover of the last Fasciculus. We thought it better, however, to repeat them, that the case might not be incomplete.

* The account of the case is culled from the LANCET; the dissection is recorded in the 9th Number of the MEDICAL GAZETTE, but we had also an opportunity of inspecting the parts ourselves.

own sake, and for the sake of science, to pause awhile ere he repeats them. The only two proposals which appear to us in any way applicable to this pulsating tumour of the temporal artery, are those which were made by Mr. Mayo and Dr. Johnson, to wit, *excision*, and circumvallating the tumour by an *incision*. The second is certainly less formidable than the first, and would prove quite as effectual. If, as in Dr. Maclachlan's case, the disease be too extensive to admit of complete circumvallation, those branches which go *to*, and those which go *from* the tumour might still be tied, and that, from their increased size, without any great difficulty. This, after all, is in principle, only the operation daily performed upon a punctured artery, namely, the cutting off all influx of blood into the wounded part, by a ligature above and below. Some questions present themselves upon Mr. Wardrop's case, viz. the loss of the eye, and the obliteration of the jugular vein, but our limits will not allow us to consider them fully. We think, however, from the difficulty experienced during the operation—from the venous bleeding at the time, and from that which occurred afterwards, that the needle was unfortunately pushed through the coats of the vein, and part of it, at any rate, tied with the artery. Whether the ligature of both had any effect upon the eye, is more than we can pretend to say.

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### 6. BARTHOLOMEW'S HOSPITAL.

#### Sciatica cured by Moxa.

In the seventh Number of the Gazette, there is an interesting case related from the practice of Mr. Earle. The patient was a courier, æt. 32, who began to be affected with sciatica—"racking sciatica"—two years previously, whilst travelling on the Continent. He had been cupped, leeched, and blistered—used hot baths and cold baths, mineral waters, &c. without the slightest benefit. When abroad, he had undergone acupuncturation three times, with some temporary benefit, but would not submit to the introduction of the needles any more, on account of the pain they occasioned. For fourteen months prior to his admission, his sufferings had been very severe, and his health was a good deal broken in consequence. He could lie only in the horizontal position, and referred the pain accurately to the course of the great sciatic nerve. Mr. Earle put him upon alterative doses of the blue-pill, with some relief to the pain, but not making progress under this plan, acupuncturation was tried, but only with slight effect. He was then ordered the subcarbonate of iron, ℈j. every four hours, the dose being gradually raised to ʒss. The medicine disagreed with his stomach, and was discontinued. Mr. Earle now applied a dozen moderate sized moxas along the thigh, and with the happiest effect, for the pain in the thigh never returned. It was necessary subsequently to re-apply the moxa on the loins in consequence of some pain there, which was not relieved by cupping and belladonna plaster. On the 1st January, he was made an out-patient, and continues so well, that he talks of resuming his old situation as courier.

We think the moxa is scarcely used enough by surgeons in this country. In some cases, it is decidedly preferable to cupping, on account of the manipulation and disturbance which the part must necessarily undergo during the latter process. In an inflamed joint, for instance, we have again and again, seen cupping ordered, the surgeon not considering that the pressure of the glasses and scarificator, and the disturbance done to the joint, must inevitably do, at least as much mischief, as the local depletion can do good. As far as we have seen, however, the moxa is not so applicable to the acute stages of inflammation, as to the more chronic forms of sciatica—old sprains—stiff joints after rheumatism, and cases of that description.

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### 7. GUY'S HOSPITAL.

#### Hydrocele treated on Baron Larrey's Plan.*

The patient was a robust blacksmith, æt. 32, the subject of a large hydrocele, which had appeared gradually after a blow, inflicted twelve months previously.

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* London Med. Gazette, No. 8.

The tumour was tapped by Mr. Key, on the 8th December, and 22 ounces of fluid drawn off. A common gum-elastic catheter was then introduced through the canula into the tunica vaginalis, secured by adhesive plaster, and the canula withdrawn. Severe pain in the testicle and cord ensued, effusion of a gelatinous consistence took place, and, on the 11th, the instrument was removed, but a fresh secretion of serum into the tunica vaginalis being the consequence, the catheter was again introduced on the 20th. On the 23d, decided symptoms of inflammation had taken place, and it was again withdrawn. Adhesive inflammation now came on, and on the 21st January, the patient was discharged, a trifling induration in the tunica vaginalis only remaining.

As an experiment, this case is satisfactory enough, but certainly the catheter will never supersede the ordinary method of injection for the cure of hydrocele. The common operation is over in a few minutes, is productive of but little pain, and is exceedingly successful. This, on the contrary, is tedious, painful, and the result any thing but certain. There are, however, some cases where injection has failed, and where the surgeon is obliged to resort either to incision, or the caustic potash, both which operations are extremely severe, and not entirely devoid of danger. It is in these cases, we think, that Baron Larrey's operation is deserving of a trial, as it is much more mild than either of the above, and not, by any means, so likely to induce constitutional disturbance.

Mr. Key has, also, treated a case of "house-maid's knee" in the same manner, and with the same success. The trocar and canula were pushed into the most depending part of the tumour, three ounces of fluid, having a reddish-yellow colour and partly coagulating by heat, drawn off, the gum-elastic catheter introduced into the cyst, and a roller applied around the joint, which was kept cool by evaporating lotions. Much inflammation was induced, and, on the 12th day, the catheter was removed, when pressure and the emp. ammon. c. hydrarg. completed the cure.

The treatment is only applicable to bursæ which contain fluid. In such cases, the evacuation of the fluid by a puncture, and subsequent active blistering, will not unfrequently effect a cure. A very short time ago, a woman was admitted into St. George's Hospital, with a swelling, the size of a pigeon's egg, in the right ham. It had no pulsation, had an undulatory fluctuating feel, and was not very painful upon pressure. The patient stated that it had been coming on for eight years, had been once entirely removed by mercurial ointment, but subsequently returned, and was attended with such pain as to completely lame her. Mr. Brodie imagining it to be an enlarged bursa, punctured it with a fine needle, when there dribbled out about an ounce of yellowish fluid, of an oily consistence, which entirely coagulated upon heat. A blister was applied, and kept open by the savine ointment, and when we saw the patient last, the tumour had almost entirely disappeared.

If, however, the bursal sac, instead of containing fluid, has become converted, as happens in a great many cases, into a solid tumour, with hardly any cavity in its centre, it is clear that neither the introduction of a catheter, nor incision, can be of any service. In such a case the sac must be dissected out, and it is really surprising how little disturbance such an operation will cause in a tolerably healthy constitution. We lately saw an instance where this operation was performed by Mr. Rose at St. George's Hospital, and the inflammation which followed was exceedingly trifling. At the same time, it cannot be denied that bad, and even fatal, consequences will occasionally follow the excision of the bursa, and that, sometimes, without the surgeon being able to detect the why or wherefore. Not very long ago we recorded a case of this kind, which happened to M. Velpeau, at the Hôpital de Perfectionnement.

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### 8. ST. GEORGE'S HOSPITAL.

#### PECULIAR AFFECTION OF THE THIGH.

Two cases of a peculiar affection of the thigh, dependent on rheumatic inflammation, and terminating in ulceration of the cartilages, are related in the 8th No. of the Medical Gazette. The symptoms presented by both patients bear a very close resemblance, and the affection ap-

pears to be an exceedingly severe, and even dangerous one.

In either case the swelling came on suddenly, and was marked by some peculiar characters. It extended from the upper part of the thigh affected, over the knee, for some little distance down the leg—it was not circumscribed, but still its principal seat was evidently in the lower part of the thigh and knee, above and below which it gradually passed away—it was tense—elastic—exquisitely painful on the slightest pressure, and of a glossy, marbled white, bearing a very striking resemblance to the description of phlegmatia dolens. The patient could not support the least motion of the knee, but the pain, though partly in the joint, appeared to be principally in the textures around it. These, with considerable irritability and feverishness, were the symptoms presented, upon their admission, by the patients, both of whom had been much exposed to damp and cold, the first being a common prostitute—the second, a washerwoman.

We shall not follow up the details of the individual cases; suffice it to say that, in the first, which was under the care of Mr. Brodie, leeches frequently repeated, with calomel and opium, so as to affect the mouth, were employed, and with temporary benefit. Symptoms, however, of ulceration of the cartilages of the knee-joint supervened, and were attended with the most intense suffering. Leeches, blisters, fomentations and plasters of belladonna, and, lastly, a caustic issue were employed, but with no permanent good effect. Ulcers formed over the sacrum, which somewhat relieved the pain in the knee, but the left shoulder now became affected with excruciating pain, and a bilious diarrhœa came on, and carried off the unfortunate patient. On dissection, the cartilages of the knee-joint were found extensively ulcerated, and the periosteum of the femur, though not perceptibly thickened, was easily separable from the bone, which was preternaturally vascular.

The only remedy which had even a temporary effect in this case, was the calomel and opium, and Mr. Brodie, in his clinical lecture, stated that he had met with symptoms precisely similar, in a page in a nobleman's family, which were successfully treated by the above remedies. The case which we noticed in our first fasciculus, (page 450) appears to us to have been the same, or nearly the same, affection, save that, there, the inflammation had not attacked the joint, and had taken on the chronic, instead of the acute form. The second case we do not deem it necessary to relate at length here. It is still under treatment by Mr. Keate, and the reporter states, that the woman "bids fair, from the similarity of symptoms, of constitution, and even of *personal appearance*, to fall into the same state as the other unfortunate patient did before her."

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### 9. ST. THOMAS'S HOSPITAL.

#### FURIOUS DELIRIUM TREATED BY MERCURY.

A young man, lately from the country, but, for the last six weeks, in Barclay's brewhouse, was received into St. Thomas's Hospital (having been three days ill) with *furious* delirium, constant jactitation, spitting of viscid saliva, flushed face, hot dry skin—answers questions in a loud, hurried, and anxious manner—pulse 60, full, and firm. Was bled, and fainted when sixteen ounces were abstracted—after which, he was more tranquil, but seemed much exhausted. Ten grains of calomel every four hours. Towards evening, (5th Jan.) he became more anxious, and ultimately furious. Twenty-four leeches to the temples, with another interval of quietude. At 5 o'clock in the morning of the 6th, the delirium again returned. Eighteen ounces of blood were drawn, and produced syncope, after which, he slept, and was then more composed. But he still spoke in a hurried manner, and the pulse was 150, easily compressible. The calomel in the above-mentioned doses, was still taken regularly. *Had three dark, offensive, and liquid motions. Evening of the 6th.* Is more furious and restless—flushed face—constant spitting—pulse quick, not firm. Leeches to the temples—blister to the head. The calomel every three hours. The mouth became sore at 8 o'clock in the morning of the 7th, and "*directly the gums were decidedly affected*—he became tranquil." The pulse fell to 80, and the patient rapidly recovered.—MEDICAL GAZETTE.

*Remarks.* We have no fault to find with the practice here pursued by Dr. Elliotson; but we have some doubts as to the disease being *pure* phrenitis. We have seen several instances of this kind, where furious delirium was produced by intestinal irritation, and we think the above case was one where the said irritation bore a considerable share in the production of the symptoms. Probably too, the young man had been making free with "Barclay's ENTIRE," and a dash of delirium tremens might have entered into the composition of the malady. The pulse at 60—the black stools—the varying state of the cerebral affection—the syncope from small detractions of blood, and the previous history of the case, incline us to this opinion, but we may be wrong.

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### MEDICAL JURISPRUDENCE—CORONER.

On Saturday, the 2d February, Mr. Barrett Marshall read a learned and eloquent paper on Medical Jurisprudence, more especially in relation to wounds and to Coroner's inquests. There was no professional discussion, but a stormy debate ensued, respecting the propriety, or rather the necessity, of the office of Coroner being vested in a medical man. This subject has lately been canvassed in one of the weekly journals, without much benefit, we fear, on account of the intemperate and passionate manner in which the question has been approached. For our own parts, we never wish to see the medical character mixed up with the *administration* of the laws of the land. The only *power* which the physician or surgeon should aspire to, is KNOWLEDGE. It was maintained by some of the members, that the duty of the Coroner required no legal knowledge. This we apprehend to be a mistake. In the article CORONER, in Rees' Cyclopœdia, it is stated that his "authority is judicial and ministerial"—that "he is to commit those to prison, who are found guilty, by his inquest, of murder or other homicide;" —"he must, also, inquire concerning their lands, goods, and chattels, which are forfeited." "Another branch of his office is to inquire concerning shipwrecks —and find out who is in possession of the goods." In short, we conceive that the Coroner's office is a judicial situation, which is by no means adapted to the medical character. But we admit—it cannot be denied, that, in almost all cases of Coroner's inquests, the KNOWLEDGE of the medical man is required. This knowledge may surely be put in requisition, without any necessity for the surgeon being himself a Coroner. The whole of the objections now urged against Coroner's inquests might be easily removed, by the appointment of a well-informed surgeon to assist the Coroner, not only by careful examination of the body, but by interrogating the witnesses on such points as fall within his department. It should be, and we believe it is, in the power of the Coroner, to summon, in difficult cases, several medical men, in order to have the benefit of their united knowledge. A great outcry is made, as to the necessity of minute medical knowledge in the Coroner; but we apprehend that, before we urge the legislature to appoint medical men to the Coroner's office, we should first see that medical men are themselves properly qualified. Minute medico-legal knowledge is necessary, and yet medical jurisprudence forms no part of the system of medical education (if system it can be called) in this country! Let us lay the axe to the root of the tree—or rather of the evil. The whole profession should unite in one general petition to the legislature, for a regulation of medical instruction. One uniform system of medical education should be instituted, and enforced by law —and then let individuals practise such branches afterwards as their genius suited, or their circumstances and inclinations rendered eligible.

We shall immediately proceed to the subject of medical education generally, and hope to shew, in a calm and argumentative manner, the baneful effects of the present system—or rather systems, in this country. We shall also endeavour to direct the profession to the only legitimate path of reform—a parliamentary investigation.

# Periscope;

OR,

## CIRCUMSPECTIVE REVIEW.

" Ore trahit quodcunque potest, atque addit acervo."

[23d FEBRUARY, 1828.]

### 1. Inflammation by Contiguity. By Drs. Graves and Stokes.

There are many reasons for believing that inflammation is sometimes propagated by the mere contact of a sound with an inflamed part. Drs. Graves and Stokes furnish us with the following curious fact. In the dissection of a fatal case of enteritis, it was observed that the omentum, which lay extensively over the intestines, was healthy, except where it was in contact with the inflamed portions of the latter. These portions (of intestine) were circumscribed and limited in extent—some being highly vascular and red—others gangrenous—and one perforated. The inflamed portions of omentum were very vascular and red, about the size of a dollar, and lay exactly over the inflamed portions of intestine. Similar phenomena have been often observed in other parts of the body, but no explanation has been attempted. Thus, when the pleura costalis is much inflamed, a portion of the pl. pulm. corresponding or opposite to it, is always found inflamed also. So, when inflammation spreads from the pleura to the lungs, it does not follow the reflections of this membrane, but passes directly from the pleura of the ribs to the pleura of the lungs, without any communication of vessels. The following explanation is offered by the gentlemen in question. " When a portion of a serous membrane becomes inflamed, it is rendered highly vascular; it becomes at first dry and rough, but afterwards exhales either a morbid fluid secretion, or coagulable lymph; there is some reason to believe that its temperature is also increased. Now in this state of things, that portion of the opposite membrane which corresponds to it, is thus exposed to the contact of a membrane, whose *sensible properties* are altogether altered from their natural state, and which may therefore be now considered to be as it were a *foreign body*, which presenting a surface quite different from that to which the sensibility of the opposite membrane had been accustomed, must of course act as a stimulus to it, and thereby excite in it an inflammatory action." This explanation seems at least as satisfactory as Mr. Hunter's " Sympathy of Contiguity."

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### 2. Encysted Dropsy of Abdomen cured by an Operation. By Dr. Morton, of Huntingdon.

In a late Fasciculus (II.) of this Number, we presented our readers with a case of hydatids of the liver cured by an operation in the Hôtel Dieu. In the first Number of our Glasgow cotemporary (which we hail with the most friendly greetings) is detailed a case which bears considerable affinity to that which occurred in Paris.

*Case.* Twelve years before the date of report, William Cartwright, a labourer, had been attacked with some severe illness, followed by a great enlargement of the abdomen, and sense of uneasiness in the region of the liver. When seen by Dr. Morton, he had troublesome cough, accelerated pulse, scanty urine, costive bowels, and difficulty of breathing in the recumbent posture! There were tumefaction and fluctuation of the abdomen—and sense of weight in the epigastrium. Various diuretic medicines were employed, but the disease advanced. An operation was proposed—acceded to—and performed on the 6th March, 1810. The trocar was introduced below the umbilicus, in the linea alba. About an ounce

of white purulent fluid passed through the canula, and no farther discharge could be procured. Next day, however, a portion of cyst protruded, and was drawn away piece-meal. On the 3d day, two other pieces of cyst were extracted—and the same occurred on the 4th and 5th days. After the extraction of a large portion of cyst on the sixth day, there gushed out two quarts of a yellowish white fluid, containing a number of hydatids, which were perfectly spherical, varying from a quarter of an inch to an inch in diameter. On the 7th and 8th days, nearly a quart of hydatids was discharged, one of which measured two inches in its longest diameter. On the 9th day, a large portion of thickened cyst was evacuated, followed by four quarts of hydatids. This discharge of hydatids continued for two months, amounting to two gallons and a half. The contents of these cysts were as limpid as water, and no animalcula could be discovered in them. The orifice has never been entirely closed, but discharges, at intervals, small quantities of purulent serum, without any detriment to health. After a lapse of seventeen years, the patient is able to earn two pounds a week, as a paver of the streets of Huntingdon.

### 3. VIOLENT ABDOMINAL CONTUSION.

M. Reveillé Parise lately reported a case to the Royal Academy of Medecine, which shews what a tremendous pressure the human frame will sometimes bear without destruction. On the 20th October last, a gentleman, of delicate constitution, was riding a horse that was subject to vertigo—when the animal fell, and in the endeavour to rise fell again, with all his weight, directly on the body of his master! The shock was terrible, and the animal was seen by M. Parise, to roll completely over the unfortunate gentleman and get up on the other side! M. Parise ran to his assistance, and thought him dead; but, in a few minutes, he revived, and spoke with a strong voice. He was quickly conveyed home, stripped, and carefully examined. The thorax was found to be uninjured, as the whole weight of the animal had been sustained by the abdomen. There was no fracture or luxation of sacrum, vertebræ, or bones of the pelvis. There were, however, extreme anguish—pallor of the whole surface—cold sweat all over the body—feeble pulse—tremor and convulsive agitation of the limbs—all which symptoms led to the apprehension of severe lesion of some internal organ. There were, besides, a dull pain in the abdomen, and constant tenesmus. An anodyne medicine was exhibited, and warm embrocations applied to the abdomen. Lavements of a soothing kind, were also thrown up. *A large quantity of blood was abstracted from the arm.* The next day found the patient better than could have been expected. The anxiety was gone—the pulse was expanded—the agitation tranquillized. But there was great tenderness, with tension of the abdomen, hot skin, and quick pulse. Forty leeches were applied to the abdomen, and the patient afterwards put into the warm bath. From this time he rapidly recovered, without one bad symptom.—JOURNAL GENERALE DE MEDECINE.

We think the large detraction of blood from the arm, during the state of depression and prostration in which the patient appeared, immediately after the accident, was a hazardous practice—and one that ought not to be imitated.

### 4. HYDARTHROSIS, OR DROPSY OF THE KNEE-JOINT.

The following case of a rare disease is published by Dr. Vilette, in a late Number of the REVUE MEDICALE. On the 6th October, he was consulted by a gentleman for a swelling above the left knee. It seemed to be divided into two parts by the rectus femoris. The inner swelling was the largest, and also the softest. The patella, which was nearly immoveable, was raised from the joint. Fluctuation was perfectly distinct in both sacs, and a communication between them was evident. Whether the contained fluid was synovia or pus, was the question. There had been no preceding blow or other violence—no inflammation—no pain. The swellings had appeared without warning, and gradually increased. Mercurial frictions and various other means were employed without any benefit—indeed the swelling

had very much increased, with much pain, and on the 11th October, the capsule of the joint was greatly distended, and the two tumours were now nearly in one. The patient insisted on puncture of the swelling, notwithstanding the remonstrances of the doctor. He threatened to do it himself, if M. Vilette any longer hesitated. A trocar was, therefore, introduced above the patella, and on one side. Eight ounces of pure synovia were evacuated—the canula was withdrawn, and a compress and bandage placed on the part. Next day the synovial liquor had accumulated to nearly the same extent as before. He had not so much pain in the knee, but there was intense pain in the hip-joint. Ice was applied. In three days more, the fluid had increased much, and a second introduction of the trocar evacuated five ounces of fluid perfectly clear. The joint was now enveloped in a large sinapism. This produced such terrible inflammation and pain that it was removed in three quarters of an hour. In the evening, the inflammation had subsided, and the sinapism was renewed for an hour and a half. There was now a considerable cutaneous inflammation established. We need not pursue the details. The synovial effusion did not recur, except in a trifling degree, which was removed by successive sinapisms. A complete cure was effected.

A very long train of pathological reflexions is appended to the above history, but we deem the fact to be more valuable than the commentary—and the former we present to our readers, leaving them to draw their own inferences.

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5. On Diseases of the Fœtus, with the Means of Prevention and Cure. By M. Hufeland.

The venerable author of this paper has carried his philanthropy beyond the boundaries of this life, as commonly, but erroneously computed from the day of birth, and directed his researches to the connexion of the fœtus with the mother—to the influence of maternal agents on the embryo—to the results of these agencies—and to the means of counteracting noxious by salutary agents.

Whatever may be the evils of a redundant population in this country, it must always be the business of the medical profession to encourage the increase of births over deaths—and, consequently, to protect the fœtus in utero, as much as the independent being at any other epoch of its existence. At first sight it appears somewhat absurd, as well as impossible, to extend the aid of medical art to the embryo in the womb; but this is a false view of the case. Although the fœtus swims in a liquid, and is consequently secured, in a great measure, from external succussions—and although neither nerves nor blood-vessels can be traced from the mother into the fœtal placenta; yet, it is evident that the materials of organization in the little parasite must be derived from the nidus in which it resides, while facts are not wanting to prove that nervous agency or influence may be conducted from the mother to the child, whatever may be the medium or the mode in which it is conducted. Thus, sudden frights have destroyed instantaneously the life of the intra-uterine fœtus. Some experiments made on impregnated animals prove that substances introduced into the blood of the mother will find its way into the veins of the fœtus. Thus, oil was injected into the veins of a bitch with whelp, and, after a certain time, the animal was killed, when oil was detected in the umbilical veins of the fœtus. When the fœtus is detached, and put to the breast of the mother, we find that medicinal substances will act through the medium of the milk, with nearly as much certainty as if given directly to the infant. The itch, in a child at the breast, has been cured by sulphur exhibited to the mother. Hufeland maintains, that nervous and moral affections may be readily impressed on the suckling through the medium of the nurse. We cannot deny that the nutrition of the fœtus is equally derived from maternal sources, while intra uterum, and during lactation.

That the agency of heat, cold, electricity, magnetism, &c. may be extended from mother to offspring is undeniable. M. Hufeland thinks that metastasis also may play some part in affections of the fœtus in utero. There can, at least, be no doubt that the syphilitic virus may be communicated to the germ before it has assumed an independent existence.

From these and many other consider-

ations, M. Hufeland thinks we are authorised to infer, that we can act on the fœtus in utero in seven different ways:—namely, by the augmentation or diminution of nourishment—by the augmentation or diminution of the afflux of blood to the uterine system—by changing the qualities of the air and aliment of the mother—by mechanical means—by the agency of electricity, &c.—by medicines—and, lastly, by moral influences.

Let us now pass on to the diseases of the fœtal life. The first class comprehends monstrosities, deformities, &c. which our author thinks must proceed either from hereditary disposition or some defect in the primary development of the fœtus, through causes acting on the mother. This, however, is a knotty point to unravel. In the second class, he ranks the feeble state of vital powers, the effect of defective nutrition, and the atrophy of infants when first born. We see infants come into the world extremely small, feeble, and emaciated. The causes are to be sought in diseases of the mother, as immoderate evacuations, fevers, accidents, want, anxiety of mind, &c. In the third class he places hypertrophy, or excess of nutrition in the fœtus, whether of certain parts, or of the whole, thus rendering the birth difficult or dangerous.

The fourth class comprehends the dyscrasiæ. M. Hufeland contends that, as the pabulum of nutrition in the fœtus must be supplied by the mother, so all vices in the blood, the secretions, and the fluids generally, must affect, more or less, the fœtus in utero. Hence we see scrophulous mothers bring forth scrophulous children, &c. There is little doubt now entertained, that the syphilitic virus can be communicated to the intra-uterine progeny—and if this be the case, we cannot wonder that other maladies should be also transmitted. But not only are diseases thus communicated from mother to child, but death itself may be induced in the latter from morbid impressions on the former. A fright—a strong moral affliction, and many other influences, have been followed quickly by cessation of all motion in the fœtus, and ultimate abortion.

A contemplation of these causes of detriment, disease, or destruction of the child, will very readily suggest the prevention, as well as the remedy—where a remedy can be applied. The whole secret, in fact, rests upon abstracting all causes of ill health from the mother—or, if ill health has been actually induced, to restore her, as soon as possible, to health. It would be well for mothers and accoucheurs to reflect on these things, and preserve, if possible, the innocent fœtus from the effects of irregularities and intemperance too often indulged in, from a false supposition among nurses, that pregnant females cannot live too generously.—JOURN. COMPLÉMENT.

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### 6. BONY TUMOUR OBSTRUCTING THE PYLORUS.

This is a very rare disease. Dr. Webster has lately recorded an example of it. The patient was an elderly gentleman who had enjoyed good health, with the exception of some attacks of dyspepsia, attended with costiveness, and relieved by diarrhœa. These attacks never assumed a formidable character till last Autumn, when he was, one morning, seized with excruciating pain in the epigastrium, accompanied by slight sickness and acceleration of pulse, anxiety, constipation, &c. These symptoms increased in urgency, and a fluctuation and fulness could be felt at the epigastrium, by Mr. Nicholson, who had been called to the patient.—Bleeding, cathartics, enemata, all failed, and the patient sunk in 22 hours from the commencement of the attack.

*Dissection.* The stomach was found to be much distended, and a cartilaginous body, intermixed with numerous spiculæ of bone, was discovered firmly attached to the coats of the organ, close to the pylorus, into which one end of the tumour projected like a stopper, thereby preventing all egress from the stomach into the duodenum. There were some marks of inflammation in the stomach, and a considerable effusion of serum into the cavity of the abdomen.

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### 7. ASCITES CURED BY INJECTION OF WINE-VAPOUR.

At a late sitting of the Academy of Medecine in Paris, M. L'Homme related a case of ascites cured by the introduction of

the vapour of wine into the abdomen, after the water had been drawn off. The patient was 49 years of age, and had enjoyed good health up to the age of thirty-eight years, at which period he had an attack of hæmatemesis, which lasted four days. After this attack, the abdomen began to swell. Various means were employed, without effect, and in six months it was necessary to perform paracentesis. Sixteen pints of clear water were drawn off In one year more the operation was again necessary; and by the end of 1822, when the patient came under M. L'Homme's care, the paracentesis had been six times performed. The reporter tried various diuretics, but without making any impression on the dropsy. At this time he read an account, in Broussais's Journal, of a cure by the introduction of wine-vapour into the peritoneal cavity, after the evacuation of a fluid, and he determined to try this measure. After the operation of paracentesis abdominis, therefore, he contrived, by means of an apparatus which cooled the vapour to the animal temperature, to introduce the wine-vapour six times into the peritoneal cavity. The patient experienced no other sensation than that of mere distention, after these operations. He was prepared to remove the vapour, if it occasioned much inconvenience; but this was not the case. Only some slight colicky pains ensued, which recurred, from time to time, for two months. The dropsical effusion never returned; and it is now two years since the operation.

M. L'Homme tried the same experiment on another patient, who had been dropsical for more than 20 years; but it failed of success. No bad accident, however, resulted from the introduction of the vinous vapour.

The operator exhibited to the Academy an apparatus which he had constructed for this operation, and by which the vapour raised from the boiling wine was cooled, in its passage, to the peritoneal cavity.—*Revue Med.*

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8. PARURIA ERRATICA, OR UROPLANIA.

There is probably not a more remarkable instance of the freaks of Nature on record, than the following case, which appears to be well authenticated. It is published by Dr. Arnold, in the first Number of the American Journal of the Medical Sciences, for November last.

Maria Brenton, aged 27 years, of sound constitution, had enjoyed good health till June 1820, when the catamenia became suppressed, and hæmoptysis ensued. For this she was bled profusely, by some irregular practitioners to whom she applied, till her system was greatly debilitated, and then emetics were administered. Prolapsus uteri now took place, and the unfortunate young woman was rendered unable to pass her urine without the aid of a catheter. In this state she continued for two years. In September, 1822, Dr. Arnold first saw the patient. No water had been drawn off for 72 hours, and, strange to say, "the urine found an outlet by the right ear, oozing drop by drop, and this continued for several hours after the bladder had been emptied." At five o'clock the next day, the discharge from the ear recommenced, and a larger quantity than before was poured out. This occurrence took place for several days in succession. The fluid had all the characters of urine. *Sometimes it came out of the ear in a stream as large as a crow-quill, so that a pint was discharged in the space of* 15 *minutes!!* This issue from the ear was accompanied by pain about the eye and ear of that side, and distressing sense of fulness—especially if the fluid did not come at the usual time, in which case she sometimes became delirious, convulsed, or insensible. The hearing of that ear was lost, and also the sight of the corresponding eye. After a time there occurred a discharge from the *other* ear, of a similar kind—and, some time afterwards, the urinous fluid made its way from the *left eye*, accompanied by great inflammation in that organ. This vicarious outlet only continued three days—but a sufficient quantity of fluid was collected to be tested, and proved to be of the same composition as that which issued from the ears. In the Summer of 1824, this urino-lachrymation recommenced, and continued for six weeks. Previously to this, however, the patient had discharged large quantities of the urinous fluid from her stomach—then from the right breast—and subsequently from the left. After suffering some severe cramps and pains in her abdomen, the urine

burst forth, one day, from the navel—and this discharge has since continued, with some interruptions. "Nature, wearied in her irregularities, made her last effort, which completed the phenomena of this case, and established a discharge of urine from *the nose*." Professor Silliman analyzed specimens of all these discharges, and found them to contain urea, alkaline sulphates, muriates, phosphates, &c. During all this time, urine also came from the bladder, generally of a very high colour when first made, and afterwards turning black. There has been a pretty regular vicarious discharge of blood from the stomach or lungs, ever since the suppression of the catamenia. Dr. Arnold feared that imposture might be suspected, if not practised in this extraordinary case, and therefore, to remove every doubt, Dr. Webb and himself kept watch alternately, for 24 hours, on the patient, without, for a moment, losing sight of the parts from which the fluids issued. The quantity and quality of the discharges did not vary from those observed when no watch was kept. It was very curious, (if a fact) that, when the urine was not drawn off from the bladder, for 48 hours or more, the quantity found in it was always less than when drawn off every twenty-four hours. "Sometimes when the urine was not drawn off for seventy-two hours, it would amount to only one or two ounces." In such cases, the vicarious discharges were always increased. Dr. H. allowed the bladder to remain undisturbed for seven days at one period, at the expiration of which, only three ounces were found in that receptacle. Her general health, mean time, did not suffer. When, on the other hand, the urine was drawn off every two or three hours, the sum total of the other vicarious discharges was greatly diminished. When the account breaks off, "the discharges from the right ear, the right breast and navel continue daily, but they are not so great nor so frequent as they were a year since. From the bladder the quantity is as usual—from the stomach, nose, eye, there has, for some months, been no discharge." A table is appended, occupying ten pages of letter-press, exhibiting the quantities of urinous fluid daily discharged, from the various outlets above-mentioned, between the 21st September, 1822, and the 30th July, 1824. This diary was kept by Messrs. Goodwyn, and Joseph Tearing, medical students, assisted by Mr. Greene, another medical student.

It would be difficult to produce a case better authenticated than the above—and still more difficult to adduce a train of phenomena so hard to believe. There are one or two phenomena, which we cannot prevail on ourselves to admit, without the aid of deception on the part of the patient. One is, the urinous discharge from the ear in a stream, and to the amount of a pint in fifteen minutes. We have seen a man smoking his pipe, and puffing the fumes through his ears—sometimes through one ear—sometimes through both. Now it is not quite impossible that what was done with an æriform fluid, might be done with a watery one—we mean the forcing it through the eustachian tube, and through an aperture in the membrana tympani. The quantity discharged from the eye was so small, that a strong lachrymation might give it origin. The quantity which issued from the ear was such, that all idea of its *secretion* there must prove revolting to credibility. The secretion from the glands of the mamma, or even from the extensive membrane of the nose, is not beyond the boundary of belief, knowing, as we do, that Nature performs astonishing freaks sometimes, especially when interrupted in her usual course. Neither do we hold it impossible that a vicarious secretion of a urinous quality, should issue from the stomach, notwithstanding the obloquy which was thrown, a few years ago, on Dr. Yeats, in a well-known case in this country. But what shall we say to the urinous eruption from the umbilicus? Upon the whole, we conceive that the respectable Editors of the Journal in question, are bound to investigate the accuracy of the report, and verify or refute the statements which have been made.

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### 9. TYPHUS FEVER.*

Dr. Clanny is not unknown to the medi-

* A Lecture upon Typhus Fever, as lately delivered at the Sunderland Infirmary. By WILLIAM REID CLANNY, M.D. F.R.S. Ed. &c. &c. Quarto, pp. 28. Longman's, Feb. 1828.

cal world as a sincere lover of his profession. More than twenty years ago he published a neat analysis of the Butterby Waters, near Durham; subsequently an interesting one of those of Gilsland, interspersed with practical observations; recently we had occasion to commend his construction of an instrument, termed the *zopuron;* and we have now to call attention to his lecture on typhus fever. During a professional career of twenty-four years, he has especially devoted his mind, for the last ten, to an "inquiry into the proximate cause, and appropriate method of cure, of typhus;" and has contrived, with his usual ingenuity, a well adapted apparatus for the chemical analysis of the venous blood of typhus patients. He has printed several tables of the results of that analysis, which was performed on the sixth, twelfth, and eighteenth days of the fever, and contrasted them with the component parts of the blood in a state of health. For these tables we must refer to the lecture itself, as well as for remarks elucidatory of them. The following extract exhibits a brief summary of the opinions of the lecturer.

"In the progress of typhus fever, we observe a direct approximation in the proportionals of the blood to the lymph, which circulates in the lymphatic system, and nothing but a total cessation of sanguification could work this astonishing change in the blood, whilst Nature, ever true to herself, causes an increased absorption of lymph by the open mouths of the lymphatics, from all parts of the body, to supply the place of the chyle, which is, as I have demonstrated, no longer taken up from the food in the alimentary canal, as in a state of health. This accounts for typhus blood in advanced cases, having only $\frac{75}{1000}$ of albumen, instead of $\frac{121}{1000}$, as in a state of health. The fibrin is also decreased from $\frac{28}{1000}$ to $\frac{22}{1000}$. All medical history informs us, that the blood of typhus patients decreases in quantity, in a gradual manner, from the commencement of the disease to the turn, in favourable cases, or to a fatal termination in unfavourable cases. From these facts I have come to the conclusion, that the proximate cause of typhus fever is a cessation of chylification, and consequently of sanguification, during which time the lymphatics of the whole system act with increased vigour, and in this manner the lymph taken up by them from the system supplies, for the time being, the place of the chyle in the blood, and as long as this state continues, the patient labours under an acute disease, heretofore called typhus fever. When the chylopoietic viscera resume their functions, the disease gradually recedes, and health is ultimately restored. From the above facts every symptom and phenomenon of the disease receive a ready explanation." "During the fatal progress of the disease, carbonic acid is not to be found in the blood, and except a turn take place, by which fresh chyle is carried to the thoracic duct, the blood is rendered vapid, and, in some cases, it passes into a putrid state."

The author assures us he has "experimented upon the blood taken from persons labouring under acute diseases, and could, in no instance, find those changes which invariably present themselves in typhus." His treatment consists of occasional venesection; leeches, cupping, and blisters, for local pain, or determinations of blood to particular organs; carbonic acid water, or effervescing draughts, with enemata of carbonic acid in an unmixed state; and, in cases of extreme exhaustion, ablutions of tepid sherry wine. Aperient medicines should be given according to circumstances, and not in a general way, and uniform attention to moral causes, ventilation, and cleanliness is indispensable.

Not having seen the apparatus of Dr. Clanny, not having scrutinized into the accuracy of his analyses, nor having subjected either his opinions or mode of cure to the test of experience, we can only recommend them to the candid consideration of our readers, as emanating from an ingenious and experienced physician, who laudably occupies his time, directs his talents, and spends his money, for the relief of suffering humanity, and the advancement of his profession.

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## 10. LARYNGOTOMY.

Dr. Smith, the editor of the Philadelphia Monthly Journal, has published a melancholy case of a girl, ten years of age, who was attacked with severe cough and difficulty of breathing soon after an attempt to swallow a triangular piece of dried gourd-shell. The symptoms had continued five weeks, when Drs. Smith and M'Clelland saw the patient. The cough now came on in convulsive paroxysms, which produced the appearance of a sudden emphy-

sema in the throat during each attack. Respiration was very difficult and stridulous, and the poor girl could not lie down in bed at all. Deglutition was also very difficult. There was some fever.

Dr. M'Clelland conceiving that a foreign body was lodged within the larynx or trachea, determined on an operation. "An incision was commenced at the lower edge of the thyroid cartilage by a bold plunge with a sharp-pointed scalpel, and carried downwards into the cavity of the trachea, below the cricoid cartilage. An aperture was then made about an inch in length, through which the air instantaneously rushed." There was very little hæmorrhage. The symptoms were not relieved, and therefore a long and slender pair of forceps was carried down to the bifurcation of the trachea—but no foreign body could be found. The case was necessarily left to the efforts of Nature. After the operation, a more copious expectoration came on, and the cough was much relieved. The emphysematous appearance of the neck also subsided. The febrile symptoms continued, and the little patient died in eight days after the operation. On dissection, the piece of gourd-shell was found impacted in the left bronchus, about half an inch from the bifurcation, and surrounded by tough coagulated lymph. It was swollen very much from the moisture and heat of the parts, so that it completely obstructed the bronchus in which it lay. There was complete pericarditis, with several adhesions of pericardium to the heart. The left lung, as might be expected, was congested, and, in a great measure, hepatized, from pulmonic inflammation.

Dr. Smith considers the mode of operating adopted by Dr. M'Clelland as a great improvement in tracheotomy. "Nothing," says he, "can look more ridiculous than to see a surgeon making a long and tedious dissection, for the purpose of getting into so superficial a cavity as the trachea. A bold plunge of the scalpel accomplishes the thing at once." Dr. S. avers that there can be no danger of hæmorrhage. In this we cannot quite agree with him. We have seen great hæmorrhage, from a slight wound of the thyroid gland, which pours out blood like a large vessel. Now, by repeated cuts, we do not divide many vessels at one time, and we can tie as we go on, if necessary; but the "bold plunge" may throw more work on our hands, in this operation, than may prove quite convenient. High up in the throat, near the thyroid and cricoid cartilages, we may wound the gland, which is sometimes irregular in its size and situation. Low down in the neck, the trachea recedes considerably from the surface, and a plunge into the trachea *there* might be more bold than prudent.

## TRANSACTIONS OF SOCIETIES.

### 1. HÆMATEMESIS—MELÆNA.

In a late sitting of the Westminster Medical Society, Mr. North furnished some cases of the above disease, as a subject for discussion. The first case was that of a young woman, who had been in apparent good health, up to the occurrence of the accident, with the exception of a suppression of the menstrual discharge, of a few months' duration. As the vomiting of blood was considered to be vicarious of this suppression; as each discharge seemed to relieve the symptoms of oppression about the præcordia; and, as the patient appeared to bear up well, both mentally and corporeally, against the attack, no apprehensions were entertained by the medical attendants, and a favourable prognosis was given. The patient, however, died suddenly, a few hours after this judgment was delivered. Some dark grumous blood, or secretion of a melænic character, had been discharged by stool. On dissection, the mucous membrane of the stomach and of the upper intestines, was found in a softened state, so that it could be easily scraped off by the scalpel. Beneath, there were numerous points of redness, or of ecchymosis, both in the stomach and bowels. No disease could be recognized in any of the collatitious viscera.

In another case, the symptoms were so nearly similar, that Mr. North did not detail them. Two physicians pronounced

the disease devoid of danger—but Mr. North, remembering the foregoing case, gave a doubtful prognosis, notwithstanding that a fellow of the college was against him. The patient died almost immediately after the doctors had decided that she was not to die—at that time! The third case was that of an old woman, and consequently the gastrorhagia was not vicarious. No dissection was permitted. Mr. North remarked that, in his researches among authors on the subject of hæmatemesis, they appeared to him to consider a discharge of blood from the stomach, when vicarious, and when it was not accompanied by severe or threatening symptoms, as always devoid of danger. It was upon this principle that the confident and favourable prognosis was given in the first two cases by the physicians. It was argued, however, by Dr. Johnson, Dr. Barry, and Dr. Copland, that the disease should not be held so cheap—for, in the first place, it might not always be safe to pronounce a vomiting of blood *vicarious*, because a suppression of the menstrual or hæmorrhoidal flux had preceded the accident—and, in the second place, the hæmatemesis is so very frequently the effect of disease in some of the collatitious viscera, as the liver, spleen, &c. that it may be, and too often is, attended with considerable danger. Dr. Johnson, in particular, contended that the disease could not be pronounced devoid of danger, unless it was periodical, and unequivocally vicarious of some other discharge. When it happened, for the first time, no man could tell what might be the event. He observed that a simple and accidental vomiting of blood, unattended with any melænic discharge from the bowels, was infinitely less dangerous than when a black secretion, like tar, constituting melæna, issued per anum. This last affection is always a dangerous disease. Dr. Barry did not agree with Mr. North, as to the general opinion of writers on this subject. Chomel, who had great experience, and who had written, ex professo, on the subject, pronounced hæmatemesis "une maladie grave." In the first case related by Mr. North, he considered the mucous membrane of the stomach and bowels in a state bearing strong analogy to that which sometimes obtains in purpura hæmorrhagica. It was agreed, on all hands, (with one exception,) that the blood issued from the capillary vessels, by a sort of exhalation, and that they were in a kind of atonic condition at the time. The exception to this opinion was enunciated by Dr. Ayre, who believed that the blood, in all these cases, came from the liver, and not from the vessels of the stomach or bowels. This pathology, however, wanted one material point of support—anatomical evidence. Dr. Ayre had not traced the sanguineous or melænic fluid into the ducts of the liver; but he had observed that the premonitory symptoms of hæmatemesis were the same as those which preceded and accompanied other and unequivocal affections of the liver—while the remedy which he had always found effectual in removing the complaint was calomel, the medicine which was also most efficacious in hepatic disorders generally. The worthy Doctor having somewhat inadvertently contemned the pathology of Hippocrates and the ancients, on account of their ignorance of anatomy, and want of opportunities for post-mortem researches, was taken to task by Dr. Barry, who maintained that Dr. Ayre's pathology was founded on precisely the same principles as those of Hippocrates—the symptoms and the effects of remedies. Dr. Ayre had observed a blanched state of the liver and spleen, in some cases where the intestinal hæmorrhage had proved fatal. This, however, was evidently the consequence of the hæmorrhage itself, and would have been the same whether the blood came from the liver or from any other part of the system.

But, whatever might be thought of Dr. Ayre's pathology, (which certainly appeared to us to be much too limited,) the practice which he had found to be so uniformly successful—namely, repeated small doses of calomel, till bile appeared in the motions, and till the melænic discharges ceased, should not be despised. Dr. Copland related some cases which had been treated by the oil of turpentine, both by the mouth and by enema, with complete success. In these cases, there was discharge of half-digested blood from the bowels—but not the melænic stools. Dr. Johnson had seen three cases of idiopathic hæmatemesis, where no melænic discharges were present, and where there was no evidence of organic disease, in

which half-drachm doses of sulphate of zinc suddenly arrested the hæmorrhage from the stomach, as soon as vomiting took place. He would therefore be disposed to adopt the same remedy, under similar circumstances—but not otherwise. The combination of melæna with the hæmatemesis would induce him to expect a morbid state, or, at all events, a morbid action in the mucous membrane of the intestines as well as stomach, and consequently a condition not proper for the emetic practice.

Dr. Barry drew the attention of the Society to the superiority of local over general bleeding, in cases of vicarious hæmorrhages. Thus, when hæmatemesis, from suppressed or interrupted menstruation, occurs in this country, we seldom think of attempting to restore the natural or original discharge, by leeching the labia, the hip-bath, &c.—or of applying leeches to the anus, where there has been suppression of the hæmorrhoidal discharge. Yet such is the practice all over the Continent—and such practice is rational. The doctrine of *derivation* (it was observed by Dr. Barry) was now much in disgrace—but perhaps unmeritedly so, as there were few points of ancient pathology better founded in nature or fact.

A gentleman, from the Middlesex Hospital, related three cases of hæmatemesis —two of which proved fatal—the third was recovering. In all of these cases, there was a melænic discharge from the bowels. This gentleman disagreed with Dr. Johnson, in the opinion that the black discharge from the bowels, in hæmatemesis, was an indication of much danger. Dr. Johnson referred this gentleman to a numerical consideration of his own cases, where two out of three died, under this complication.

Upon the whole, it appears to us that there was not sufficient distinction made, by several of the members, between simple vicarious hæmatemesis and that dangerous disease melæna. Although Dr. Ayre did not admit that the disease for which he prescribed calomel was true melæna, (at least so we understood him,) yet we apprehend that it is in this last affection, rather than in simple hæmatemesis, that the above-mentioned medicine is efficacious. At all events, the cases brought forward by Mr. North and others, will render medical men more circumspect in their prognosis, than appears to have been the case in the foregoing instances.

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### 2. ERYSIPELAS.

The local treatment of erysipelas by incisions, seems to come more and more into favour. Dr. Dobson, of Greenwich Hospital, has transmitted a paper to Mr. Lawrence (which was lately read at the Medico-Chirurgical Society) in which is detailed the method he has adopted for ten or twelve years past, of making punctures with a lancet, into the erysipelatous parts, whether the erysipelas be cutaneous, phlegmonous, or œdematous. These punctures vary in size and depth—the object being to unload the vessels both of blood and serum. The success attending this practice appears quite astonishing. He employs the remedy in traumatic, as well as idiopathic erysipelas—and also in that red, inflamed, and hardened state of parts which surrounds old ulcers in the extremities. By these incisions, we learn that Dr. Dobson has cured numerous cases of ulcers, that had for years, been rebellious to all other kinds of treatment. Dr. D. conjoined active purgation of calomel and colocynth, with subsequent diaphoretics.

Mr. Earle observed that, however beneficial might be these local means in erysipelas, as adjuvants to constitutional treatment, yet still, in his experience, the disease was, in a majority of instances, connected with, or dependent on, derangement of the general health. On this account, he had found smart purgation, especially with calomel and tartar-emetic, conduce to recovery, in a very remarkable manner. Local means were, of course, to be used at the same time. Dr. Johnson followed on the same side, and contended that, in the majority of cases, erysipelas on the surface was merely a symptom of constitutional disorder. If patients were attentively watched, there would be found preceding phenomena that indicated a derangement of the whole system, as manifested by the tongue, the sensations, the secretions, and the excretions. This being the case, it is pretty certain that cases of erysipelas would, in most instances, get well, by attention to

diet and the bowels, with very common local applications.

Mr. Lloyd, since the recent discussions on erysipelas, had had several opportunities of testing the efficacy of the method recommended by Dr. Dobson—small incisions with the lancet—and had experienced the most beneficial results. In one or two cases, where the local inflammation had resisted the enormous venesection of 70 or 80 ounces of blood, at one bleeding, the erysipelas gave way to a series of punctures by the lancet. This treatment had been employed by him in erysipelas of the scalp—the abdomen—and the extremities. Mr. Lloyd never, of course, neglected the constitutional treatment, and always paid great attention to the bowels. Mr. L. confirmed the statements of the author of the paper (Dr. Dobson) as to the good effects of local incisions in the neighbourhood of old and obstinate ulcers. By this auxiliary, he had recently cured an ulcer of the lower extremities, which had resisted all other modes of treatment. Mr. Alcock observed, that this practice was as old as the days of Ambrose Paré, and that Lisfranc always employed it in La Pitié. Mr. Lawrence made some observations on the local treatment of erysipelas, as recommended by Dr. Dobson; and then stated the particulars of a case that had recently occurred, of dissection-wound, in the person of the present very intelligent house-physician of the Fever-Hospital—Dr. Dill. This gentleman, while opening the abdomen of a female who had died of puerperal peritonitis, received a scratch on the back of his hand, from the extremity of a sawn rib. The consequences were, some uneasiness at the time, and a pustule or vesicle the next day, with tense and shining inflammation of the back of the hand, accompanied by great pain. An incision, of about an inch in length, from which a great quantity of blood issued, gave great relief—and this was promoted by the application of leeches, and the immersion of the hand in warm water. Dr. Dill rapidly recovered. Drs. Tweedie and Gregory corroborated this statement. It is probable that, as far as the *instrumental* treatment of erysipelas is concerned, the mode of Dr. Dobson will supersede the long and short incisions by the scalpel. We have reason to know that the lancet cuts heal generally by the first intention, and consequently leave no scar, which might not be the case with scalpel incisions—and, about the eye-lids and face, it is of some consequence to avoid subsequent deformity. We learn that, in some cases, where the eye-lids were greatly swelled with erysipelatous inflammation, the incisions by lancet gave almost immediate relief—enabled the patients to open their eyes,—and brought the erysipelas quickly to a favourable issue.

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### 3. Medical Jurisprudence.

The following is the recent curriculum promulgated by the College of Surgeons, and to which allusion has been made in the article on medical education in the present number

"*Regulations of the Council relating to the Age and Professional Education of Candidates for the Diploma of the College.*

"I. The only schools of anatomy, and physiology, recognized, are *London, Dublin, Edinburgh, Glasgow*, and *Aberdeen*.

"II. Attendance upon the surgical practice of an Hospital will be recognized, provided such Hospital contain at least one hundred patients.

"III. No person under twenty-two years of age shall be admitted a member of the college.

"IV. The following certificates will be required of candidates for the diploma of this college:

"1. Of having been engaged six years, at least, in the acquisition of professional knowledge:

"2. Of having regularly attended three or more winter-courses of anatomy and physiology; and two or more winter-courses of dissections and demonstrations; delivered at subsequent periods.

"*Two courses of anatomy and physiology in Edinburgh or Dublin, which are of six month's duration, and the accompanying courses of dissections and demonstrations will be considered as equivalent to the foregoing attendance.*

"3. Of having regularly attended two or more courses of lectures on

the principles and practice of surgery; one of which shall have been delivered in a recognized school of anatomy.

"4. Of having also attended the following lectures, viz.

"Two courses on the theory and practice of physic of three months each, or one of six months.

"One course on materia medica, and botany.

"Two courses on chemistry, of three months each, or one of six months.

"Two courses on midwifery, of three months each, or one of six months.

"5. And of having attended, during the term of at least one year, the surgical practice of one or more of the following Hospitals; viz. ST. BARTHOLOMEW'S, ST. THOMAS'S, the WESTMINSTER, GUY'S, ST. GEORGE'S, the LONDON, and the MIDDLESEX, in London; the RICHMOND, STEVEN'S and the MEATH, in Dublin; and the ROYAL INFIRMARIES, in Edinburgh, Glasgow, and Aberdeen; or during four years the surgical practice of a recognized provincial Hospital, and six months, at least, the practice of one of the above named Hospitals in the schools of anatomy.

"V. Candidates under the following circumstances, of the required age, and who have been engaged five years in the acquisition of professional knowledge, will be admissible to examination, viz.

"Members, or licentiates in surgery, of any of the legally constituted colleges of surgeons in the united kingdom.

"And graduates in medicine of any of the universities in the united kingdom, provided they have attended lectures, the practice of an Hospital, and performed dissections, as required in regulation IV.

"VI. The required certificates shall express the dates of the commencement and of the termination of attendance on each course of lectures, and dissections; and also of attendance on hospital-practice.

"VII. The required certificates shall be delivered at the college ten days before candidates can be admitted to examination.

"By order,

"EDMUND BELFOUR, Secretary.

"*5th day of January*, 1828."

It is not here necessary to make any comments on the new curriculum, since the whole system is in need of re-construction.* But we may observe, that the College is beginning to act on those principles, which we have so long endeavoured to inculcate—the union of medical with surgical knowledge. We have shewn, on many occasions, the impossibility and the absurdity, of separating the study of surgery from that of physic, and *vice versa*. The College of Surgeons have now broken the ice, and driven their crow-bar through the paper partition that divided them from their brethren in Pall-mall East! They have planted their colours (and very properly too) in the very camp of their rivals. They have only to extend a little the medical flank of their curriculum, in the next edition, and enforce their standing orders by proper musters and inspections (examinations) and then the surgeons of this country, will be, *bona fide*, physicians—or rather they will be, what Hippocrates himself was—GENERAL PRACTITIONERS! The College of Physicians has only to persevere for a few years more in riding on stilts, and the whole practice of the profession will be in the hands of surgeons. Let them carefully avoid all attempts to follow the dictates of reason and common sense—let them continue to prescribe Greek, Latin, and Mathematics, instead of anatomy, surgery, and pathology, and the public, as well as the profession, will soon see the absurdity of consulting those, whose education fits them better for a cloister or a monastery, than for clinical practice. It would be useless for us to offer their high mightinesses any counsel on this occasion. Cardinal Wolsey is their pillar of light—and his PRIESTCRAFT is their favourite physic.

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* We shall comment on some items of this curriculum in our next fasciculus.

## HOSPITAL PRACTICE.

### 1. ROYAL INFIRMARY OF EDINBURGH.

#### GANGRENOUS ERYSIPELAS. AMPUTATION —DEATH.*

We were somewhat startled, on looking at the table of contents of the Lancet, to find the following heading. "Case of gangrenous erysipelas, in which amputation was performed with success." On turning to the case in question, however, all our pleasing anticipations vanished into "air—thin air," for we found that, though the amputation might have been performed *with success*, the patient had most certainly died.

*Case.* D. H. *aged seventy-two*, addicted to drink, was admitted, Jan. 10th, under the care of Dr. Hunter, with gangrenous erysipelas of the arm. The patient appeared to be moribund—the whole limb, up to near the axilla, was enormously swelled, of a dusky red colour, and quite livid over the wrist and metacarpal bones, whilst here and there were several large vesications. He stated that, ten days previously, he had received a bite on the forefinger from a boy, and that nothing had been applied but poultices.

Five or six incisions, about two inches in length each, were made by Dr. Hunter in the arm, and he was ordered wine in small doses, until the pulse rose, with a fermenting poultice to the limb. On the next day, the pulse was stronger, but irregular—tongue coated—bowels confined. *Wine to be continued. Quin. Sulph. gr.* ij. *Mist. camph.* ℥j. *4tis horis.* 12*th.* Pulse rather fuller—bowels not yet opened—wounds gaping, and filled with a beer-coloured fluid. *Ol. ricini*, ℥iij. *statim. Camphor emulsion to be omitted—wine—quinine—fermenting poultice.*

We shall not pursue the diurnal details of this case, which "drag their slow length along," with the most tiresome verbosity. On the 13th, the inflammation had extended on the posterior aspect of the arm, but, on the 14th, it was diminishing, and three of the wounds had begun to suppurate. On the 15th, he was no better, but the report states that *a line of separation* was beginning to form *above the elbow*, though it was not a very decided one. On the 16th, it was determined, in consultation, to amputate the arm, which was done, "a little above the middle of the humerus," by Dr. Hunter. The muscles of the fore-arm were flaccid, but not disorganized, and the cellular membrane over the carpus and metacarpus was destroyed, some matter being thrown out amongst the sheaths of the extensor tendons. No mention whatever is made of the state of the stump, or whether the operation was performed in sound or unsound parts! Next day the patient was more comfortable, but somewhat incoherent; tongue moist and cleaner. Quinine to be discontinued, and three ounces of white wine in whey, to be given with barley water and beef tea.

We shall not bore our readers with the prosy details which SCOTUS has given de die in diem; suffice it to say, that no attempt at union took place upon the stump, and that the patient never rallied from the operation. The pulse was never below one hundred—the tongue coated with yellow mucus—the mind more or less affected. On the 20th, he became affected with diarrhœa, which, however, was checked by infusion of roses, with sulphuric acid, and chalk mixture. On the 21st, the pulse was feeble and intermitting, he became affected progressively with rigors, hiccup, &c. and, on the 24th, he died. In the account of the dissection, it is merely stated that the heart was "slightly diseased," and the left lung covered with an old false membrane.

REMARKS. Of this case, reported as it is, we can make, to use a vulgar phrase, "neither top nor tail." First of all we are told that the whole limb was enormously swelled, and of a dusky red colour "from *near the axilla* to the ends of the fingers." On the 13th, the inflammation had "extended on the posterior aspect of the arm," and yet, on the 15th, a *line of separation* was forming, just above the elbow!! Now in our younger days, some twenty years ago, or more, we well remember being taught, that the line of separation was a boundary, formed by a sloughing

* Lancet, No. 232.

process, between sound and unsound parts, between the *living* matter and the *dead*. How, then, we would ask SCOTUS, or any body else, could a line of *separation* form above the elbow, when his own report affirms, that the disease had extended to near the axilla. It would be an odd kind of separation, indeed, which divided the dead matter from the dead!

Secondly, we would ask Dr. Hunter, upon what principle, or for what reason, he made *six incisions* into the limb upon the patient's admission? Did he expect to find matter, or did he expect to prevent its formation? If he did either, we think he did wrong. This was not a case of phlegmonous erysipelas, or of erysipelas phlegmonodes. The tint, we are told, was not bright, but dusky red; the skin was not tense and glistening, but covered with gangrenous phlyctenæ; the pulse did not indicate action, but was "frequent, feeble, and irregular." Was this a case for incisions? We should say it was a case for bark and opium, and that with no sparing hand.

Thirdly, we cannot conceive why the operation was performed about the *middle* of the arm. Surely the object of the surgeon must have been to get fairly *above* the disease, and how this was to be accomplished by amputating in the arm, whilst the erysipelas had extended almost to the axilla, we declare we cannot, for the life of us, comprehend.

Fourthly and lastly, we doubt the propriety of performing the operation at all; for, as far as we can judge, a man of *seventy-two*, who had drunk freely, who was labouring under the most terrible form of erysipelas, and who was in the very worst condition imaginable, either to originate or maintain the reparative process, was no subject for the amputating knife, *however*, or *wherever*, applied.

We know not, for we have no means of knowing, whether this report of Scotus be correct or otherwise; but we will say, that whilst the exact quantities of wine taken, and stools voided, are doled out by the yard, the most important particulars, as the state of the parts in which the operation was performed, the appearance of the face of the stump, &c. are passed over in silence. The consequence of all this is, that the reader gets up from the perusal of the case, just as wise as when he sat down to it.

## 2. MIDDLESEX HOSPITAL.

### MR. BELL ON THE QUESTION OF AMPUTATION.*

The question of primary and secondary amputation, in cases of gun-shot wound or compound fracture, one would imagine to be pretty well set at rest. Mr. Bell, however, has dedicated two clinical lectures to the subject, and, what is more, contrived to make them exceedingly interesting. We notice these observations more for the purpose of commenting on one or two points, than with any intention of detailing them at length.

*Case.* A soldier, æt. 27, whilst drunk, fell in the street, and the wheel of a loaded waggon passed over his leg. He was admitted soon afterwards into the Middlesex Hospital with compound fracture of the leg, the tibia protruding, and simple fracture of the femur in two places, viz. at its centre, and near the trochanter minor. The operation was deferred till next morning, to allow of his recovering from the intoxication, when it was performed high in the thigh. Mr. Bell, being one of those gentlemen who believe it impossible *effectually* to compress the artery at the groin, every precaution was taken against hæmorrhage. *First*, there was the tourniquet applied; *secondly*, there was a gentleman with his thumb on the femoral artery; and, *thirdly*, to keep out the blood from below, there was "a fillet tied firmly round the thigh, below where it was intended to make the incision." No doubt these were proper precautions, and must have been excellent lessons for the pupils of the Middlesex Hospital; but, probably, if the amputation had been performed in the cockpit, or, as Mr. Bell once expressed it, "on a pack-saddle at the top of the Pyrennees," the surgeon would have contrived to do without *two* of them, at any rate. An incision was then made on the fore part of the thigh, cutting across the main artery, which bled freely. It was accordingly taken up by the tenaculum and tied, as was the profunda. The operation was concluded by making two semicircular flaps, one on the inner, the other on the outer side of the thigh, and removing the bone. The patient hitherto

* Med. Gazette, Nos. 8—10.

has gone on pretty well since the operation.

Upon this case, Mr. Bell makes several remarks. He observes that there are two kinds of compound fracture. A man, for instance, leaps from his gig, and breaks his leg. The limb is twisted, the bone protruding, the case apparently a bad one; "but the surgeon extends the limb, reduces the bone, lays it carefully out upon a pillow, prevents the rising inflammation by cold lotions, or iced water,—and what is the amount of the injury?" The great vessels and different textures are little injured, and the patient will probably do well. If, however, the limb has been crushed, the muscles rent—blood extravasated—the great vessels torn, the appearances to the eye may be the same, but the issue of the case will be very different indeed. The above was an instance of the latter kind of injury, and had not amputation been performed, gangrene, or other fatal termination, would, in all probability, have been the consequence. Passing over Mr. B's reasons for amputating high in the thigh, we come to the question of hæmorrhage. Mr. John Bell, it is well known, denied that the femoral artery could be effectually compressed. It is a different thing, says he, to stop the pulsation, and check the flow of blood. Now, in spite of the authority of Mr. John Bell, surgeons have an idea that they can do both, without any very great difficulty. Sir Astley Cooper, as the story goes, demonstrated this to a young gentleman in the operating theatre of Guy's Hospital, by lifting his thumb from the vessel, and directing the stream of blood, we will not say *upon* him, at pleasure. Mr. C. Bell argues that this practical joke of the worthy Baronet's proves nothing at all; the blood being stopped not by the thumb upon the artery, but by the hands grasping the thigh, and so compressing the collateral vessels. This is ingenious reasoning, but we have seen the circulation completely arrested, without any grasping of the thigh at all, the pressure being made upon the artery by the key-compress.

We contend, indeed, that in the high amputation of the thigh, the tourniquet is at times a positive disadvantage, for it prevents the due retraction of the muscles and integuments, is in the surgeon's way, and instead of arresting hæmorrhage, rather tends to favour its occurrence. This may appear paradoxical, but when we consider that the artery, in this situation, does not lie closely on the bone, but in a kind of hollow between the sartorius and pectineus, we see at once, that by the contraction of these, and the other muscles, the tourniquet is ineffectual in preventing the circulation through the artery, and through the profunda, whilst it is quite, or nearly quite, effectual in preventing its return through the veins. The consequence is obvious—loss of blood. These remarks apply of course, only to the high operation, for the surgeon who makes a boast of never requiring or desiring the tourniquet in any case, is only depriving himself, most unnecessarily, of a very valuable assistant.

With regard to the time of operating in these severe cases of gun-shot wound or severe fracture, Mr. Bell very judiciously observes that, after the patient has once recovered from the shock of the accident, and has revived from the state of depression, "so that he sees by the shattered condition of his limb, that it must be lost, then the operation ought to be performed, and the sooner the better." Mr. B. pays a merited compliment to the surgeons of the British Navy, but singularly enough, omits their brethren of the Army, which is certainly not at all fair to the latter.

The next case which occupies the attention of the lecturer, is one of distorted limb, where the patient wished to have the defective member removed. This wish of a patient's, Mr. Bell thinks, cæteris paribus, should go for nothing in determining the question; as cases have repeatedly occurred, when in compliance with such requests, the limb has been amputated, and the person died. A tailor, for instance, had so crooked a leg, that he could not sit in the proper position on the board. He suffered amputation and died. The case under consideration, was one in which the motions of the knee-joint were much impaired in consequence of an old and ill-set fracture; conjoined with which there were ulcers upon the leg. Mr. Bell taking into consideration the fixed determination of the man to have his leg off, either in that hospital or elsewhere, the utter lameness, and the ulcers which were continually, and would be continually breaking out,

at last consented to amputate. Symptoms of tetanus came on, but disappeared; a bad state of the stump supervened, and at the end of five weeks the patient sank.

Mr. Bell makes one observation, in which we do not quite agree with him, namely "that he looked upon the ulcers of the leg as favourable to amputation." Now it certainly seems to us, that these old sores indicate a state of system far from favourable to any great operation, and in one or two cases where amputation was performed for such sores, we have witnessed an unfortunate result.

*Case* 3. A man æt. 54, having received a slight scratch upon his little finger, erysipelas shewed itself, and was relieved by incisions into the arm and hand, giving vent to serum and pus. The erysipelatous inflammation, however, recurred at intervals, an abscess exposed the joint of the thumb, and another surrounds the elbow-joint. In this case, Mr. Bell is adverse to the amputation, because the slight nature of the original injury, and the occurrence and recurrence of the erysipelatous inflammation are evidence of something defective in the constitution, which might, and probably would, equally shew itself in the stump. A young woman in the Middlesex Hospital, was a remarkable instance of this liability to erysipelas. If leeches were applied, an erysipelatous blush extended up the thigh, the same with blisters, caustics, &c. so that the girl nearly died. At last amputation was performed (for disease of the knee-joint) a bad state of the stump was the consequence, ushered in by erysipelatous inflammation, and she narrowly escaped with life.

We have been led farther into these lectures of Mr. Bell's than we intended to have gone, but really the interest of the *matter*, and the engaging *manner* in which it is treated, cannot fail, we think, to be a sufficient apology.

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### 3. STEEVENS' HOSPITAL, DUBLIN.

#### VAPOUR-BATH IN TETANUS.

Dr. Marsh has published some brief notices of the effects of vapour-bath in this dreadful, and generally fatal malady. The first case was that of a boy, five or six years of age, who was brought into Steevens' Hospital, Dublin, labouring under tetanus. The paroxysms were severe and frequent, and the disease had come on after an injury in the great toe. Calomel in large doses, with other purgative medicines, having failed to act on the bowels—and opium not giving any relief, the vapour-bath was suggested, and the boy was subjected to it, at a heat not above 90 degrees. He remained in the bath six hours. The paroxysm became less violent and less frequent. A third of a drop of croton oil was given every third hour, which operated violently after the fourth dose. Belladonna, and ol. succini, were rubbed along the spine. The bath was daily employed, for several hours each time, and the boy slowly recovered. It was remarked that, on removing the little patient from the vapour-bath, the sore, which had previously been foul and unhealthy, began to improve in appearance, and ultimately assumed a clean granulating aspect.

The next case was also one of traumatic tetanus, but unsuccessful. "The uniform effect of the vapour-bath was to abate the violence of the paroxysms, without, however, influencing, in the slightest degree, the permanent rigidity of the muscles."

In the third case, the patient was an adult, who was under the care of Mr. Cusack, in the aforesaid hospital. Calomel and opium had been given till ptyalism was established; but apparently, without any good effect. The vapour-bath was then tried, and steadily persevered in, till every symptom of the disease gradually gave way. In this and the other cases, the patients were enveloped in a flannel bag, to which, at the lower part, a small tin boiler was attached. Underneath this, a spirit of wine lamp maintained an abundant supply of vapour, the temperature being regulated by a thermometer, introduced into the flannel envelope.

Thus, then, two patients were saved out of three, and one of those saved laboured under traumatic tetanus. We conceive that the long-protracted vapour-bath, at a low temperature, as above described, is infinitely preferable to liquid baths in the common way, or vapour-baths at a high range, where, of course, the stay in the bath must be comparatively short. This plan does not interrupt or interfere with the exhibition of medicine, and we strongly recommend its adoption.

## 4. ST. BARTHOLOMEW'S HOSPITAL.

### INJURY OF THE HEAD—APPLICATION OF THE TREPHINE.

If any one set of cases is more puzzling than another in surgery, it is—"Injuries of the Head." We verily believe that, if a student were to go the round of the different surgical lecturers in this metropolis, he would scarcely find any two agreeing in their practice in these cases. Sir Astley Cooper tells us, that it makes all the difference in the world, whether the cranial fracture be simple or compound. Mr. Travers and Mr. Brodie seem to say that it makes no difference at all! Here, then, upon a mere matter of *experience*, for the comparative danger of one case over another can be known only by experience, sound practical men are at loggerheads. In medicine, alas! there is nothing certain, but death and the doctor's bill.

*Case.* W. B. æt. 30, was thrown from a cart, picked up insensible, and taken to a surgeon, who bled him, and dressed his head. He regained his senses, and vomited frequently, but soon fell again in a state of stupor, and next morning, Jan. 23d, was admitted under the care of Mr. Earle. At this time, he was drowsy —*incoherent*—pupils dilated, but answering to the light—*pulse small and irregular* —extremities cold. Over the upper and lateral part of the left parietal bone, there was a lacerated scalp-wound, but the bone did not appear to be denuded. He was ordered calomel and jalap, and, at 4, P.M. there being some re-action, he was bled. In the evening, 20 ounces of blood were taken from the temporal artery, with some little relief, and, at 12, P.M. was bled again to ʒxvj. Next day he had difficulty of articulation, pulse full and frequent, pupils much dilated. V.S. ad ʒxvj. On the 25th, there was paralysis of the right side of the face, and he passed the urine and fæces involuntarily. 26*th.* Partial paralysis of the right side of the body—coma. The wound was sloughy, and the bone beneath bare for about an inch, and, apparently, dead. In consultation, it was determined to apply the trephine. Upon removing the bone, neither blood nor matter was found upon the dura mater, but this membrane had a blueish tint, as if there were blood deposited beneath, and no pulsation of the brain was to be felt. He appeared to recover a slight degree of sensibility after the operation, but soon relapsed. The pupils were greatly dilated—the breathing stertorous—he became violently convulsed, and, at 2, A.M. of the 28th, expired.

*Dissection.* Dura mater not inflamed, but on removing this membrane, a quantity of blood was found effused over the whole cerebrum. The left hemisphere, opposite the point where the bone had been removed, was flattened, by the deposition of a quantity of dark clotted blood, and the posterior surface of its middle lobe was coated with grumous blood. On making a section of this lobe, it was found to have undergone the process of ramollissement to the extent of about two inches. Besides this, a fracture extended from the left temporal bone, through the anterior inferior angle of the parietal, passing across the groove for the meningeal artery. Between the dura mater and bone, at this part, no less than three or four ounces of blood had been extravasated.—*Gazette, No.* 10.

Mr. Earle, according to the report, considered that, in the earlier part of the case, the symptoms of concussion were present, while, latterly, those of compression supervened. On this point, we cannot exactly agree with Mr. E. for, as far as we have seen of concussion, the patient, though drowsy, is not generally incoherent, nor is the pulse "small and irregular." Besides, after having been bled by the surgeon, before his admission into hospital, the patient recovered his senses, but relapsed again immediately. This certainly is not the case with concussion, for, having once recovered from this state, the patient can scarcely be said to fall into it again, but rather to suffer from the inflammatory action, set up as a consequence or sequela of the concussion. It appears to us, that this man laboured under tolerably well-marked symptoms of extravasation throughout, although latterly they were aggravated, partly from the re-action in the system, and partly from the disorganizing process, which terminated in the "ramollissement" of the brain. The practice pursued by Mr. Earle appears to have been highly judicious.*

* This article had been sent to press,

We shall here introduce a case which occurred at St. George's Hospital, and is illustrative of the difficulty which exists in ascertaining the exact nature of the injury which the brain has received.

A boy was brought into the hospital, Aug. 22d, at half past one, P.M. in a state of total insensibility, having fallen from a height of 30 feet. There were two extensive scalp-wounds upon the right side, but the pericranium was entire, and no fracture of the bone could be discovered. The pupils were rather contracted and sluggish—pulse almost natural—surface cool—breathing much like that of a person asleep, and without stertor. When his name was halloo'd loudly in his ear, he was perfectly unconscious of it, but, whilst some bleeding vessels were being secured upon the scalp, he struggled violently, and moaned.

In the evening, he grew restless and fidgetty, and slight re-action came on. He was still insensible, and the pupils were dilated, particularly that of the right eye, but without any strabismus, or convulsive affection, in any of the muscles. V.S. ad ℥viij.

23*d*. Evidently sinking. The surface is cold—the pulse scarcely to be felt—pupils act on the approach of a candle, but the right is still dilated. Towards evening he became rather convulsed, and, at 6, P.M. quietly expired.

*Sectio Cadaveris.* Mr. Brodie, under whose care the patient was, imagined that the symptoms depended upon extravasation beneath the dura mater. On raising the calvarium, no blood whatever was found, either above or below this membrane, and the hemispheres were sliced down to the level of the corpus callosum, without any extravasation making its appearance. In the substance of the cerebrum, a little to the left of the septum lucidum, was a small spot, softened, and containing a little blood. This was also the case with the left optic thalamus, and in the lower part of the posterior lobe of the cerebrum, was a cavity, about the size of an almond, enclosing extravasated blood. A fissure was found running across the optic fossa of the sphenoidal bone, and the liver was of that granular texture found in dram-drinkers.

It would be difficult to say how far the symptoms, in this case, were owing to compression, and how far to concussion. The want of stertor—the coldness of the surface, and the almost natural state of the pulse, would seem to evidence the latter, whilst the unequal dilatation of the pupils, and the general intensity of the symptoms, might rather be referred to the former. These are the mixed cases which occur in practice, and bother the student, who has got by rote all the pretty little distinctions, so *clearly* pointed out in his elementary books.

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when we received No. 233 of the Lancet, containing a most abusive tirade against Mr. Earle, for the practice which he pursued. There is so large an admixture of slang, "cock-sparrows"—"bats"—"vampires," &c. &c. that, for some time, we could not persuade ourselves but that we were perusing the account of a *mill*, at Moulsey Hurst, between "Barney Aaron" and the "Chelsea Snob," or some such celebrated personages. The sapient critic in the Lancet sports we know not how many notes of admiration, at Mr. Earle's considering the symptoms enumerated above as those of *compression*. Now we have said, and we do maintain it, that the symptoms *were* those of compression, almost from the very commencement of the case, exasperated certainly, at last, by the inflammation going on in the substance of the brain. If the symptoms did not indicate compression, what, in Heaven's name, did they indicate? Concussion? The man in the mask must be even a greater goose than we take him for, if he asserts that difficulty of articulation—paralysis of one side—and involuntary discharge of fæces and urine, are evidences only of concussion. Whether the trephine should have been applied earlier than it actually was, may admit of doubt; but the man who can rate a surgeon, as Mr. Earle is rated, for applying that instrument in a case, where dissection shewed "three or four ounces" of blood *over* the dura mater, and a considerable quantity *under* it, ought to be ashamed of himself.

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### 5. ST. GEORGE'S HOSPITAL.

#### PECULIAR AFFECTIONS OF THE CRANIAL BONES.

At page 489 of our last Fasciculus we

have noticed some observations of Dr. Abercrombie's and Mr. O'Halloran's upon this head. Two cases have lately occurred at St. George's Hospital, under the care of Mr. Rose, which might well have been appended to the article in question.

*Case* 1.* A woman was admitted for bronchocele, but there was *casually* observed a tumour on the head. It had been punctured three weeks previously, and into the puncture a probe was introduced, and vent given to some glairy serum. Next morning rigors and severe constitutional disturbance came on, an erysipelatous blush appeared upon the neck, and on the 3d day she died. On dissection the tumour was found to be of malignant structure, and to pass through a circular opening in the parietal bone, and take attachment (though not a firm one) to the dura mater beneath. This membrane was quite sound, and there was no reason to believe that the tumour had originated from it.

*Case* 2. This patient we had an opportunity of seeing ourselves, and the particulars, we believe, have not been published elsewhere.

Caroline Hollyoake, æt. 20, was admitted Nov. 7th, with extensive disease of the right parietal bone. The outer table was completely exposed for a space about the diameter of a crown-piece, but longer, and the edges of the scalp around were curiously tucked in. The bone was rough and blackened, and around it a line of separation had been commenced, but was ineffectual in checking the disease, for the probe passed beneath the scalp, and discovered dead bone for some distance around. The coronal suture crossed the exposed bone in front, and between its serrated edges, which were more apart than they should be, pus was seen undulating in correspondence with the pulsations of the brain. The menses had always been irregular, and for the last three years had ceased entirely. About a year previously she began to be affected with pain in the head, and hysteria, and she first noticed matter amongst the hair, nine months prior to admission. An abscess appears to have formed, and the part of the scalp to have been destroyed by ulceration, Besides this disease of the cranium, there was likewise dead bone in the lower jaw. There was no reason whatever to suspect a syphilitic taint —she had never received any blow upon the part—nor could she account for the affection in any way. On the 13th, Mr. Rose removed a portion of the blackened outer table by an elevator, and on the 29th he divided the scalp, and removed a still larger portion by means of Hey's saw. Large flabby granulations were exposed beneath, which pulsated strongly; but whether they arose merely from the diploë, from the dura mater, or partly from one and partly from the other, it would be difficult to say. The patient was going on pretty well—the pulsation had distinctly lessened, and her health was certainly not suffering much, when she was persuaded by her stupid friends to leave the hospital, lest she should be made to undergo any more operations.

At this time the probe passed for some distance across the os frontis, and there was altogether a very large amount of diseased bone on the right side of the head. What was the cause of all this it would be difficult to say, though it must be owned that the girl was of a puny, scrophulous habit of body. It is curious how little disturbance these affections cause to the sensorium. In the first case, the patient was scarcely aware of the existence of the tumour, and, in the second, there was no paralysis, no affection of the mind whatever. Mr. O'Halloran objects to the use of the trephine, but upon what grounds we know not. If there is a mass of diseased bone in the skull, particularly if the outer table only is affected, it surely must be an object to get rid, as quickly as may be, of this dead and irritating body. If, indeed, there be symptoms of irritation to the brain, as convulsions, paralysis, epilepsy, &c, then we conceive that the surgeon, cæteris paribus, has no choice in the matter, but is imperatively called upon to remove the affected bone.

* Lond. Med. Gazette, No. 1.

### 6. ST. THOMAS'S HOSPITAL.

#### ON NON-UNION OF FRACTURED BONE. By Mr. AMESBURY.

A very interesting paper upon this subject was read before the Medical Society, at Bolt-court, on Monday night, by Mr, Amesbury. He detailed at length, a case, which had occurred under the care of Mr. Green at St. Thomas's Hospital, in which several methods of treatment had been unsuccessfully employed, and the patient ultimately had the limb amputated.

A strong, healthy sailor, æt. 36, was admitted March 11th, 1827, with fracture of the thigh about its middle-third, which had existed for twenty-four weeks, and been treated in a very ineffectual manner at a Portuguese hospital. The fracture was oblique, very loose, and the lower portion of the bone was drawn up along the inner side of the upper one, to the extent of two inches and a half, but extension restored the limb to its natural length. By the politeness of Mr. Green, Mr. Amesbury was allowed to apply his apparatus, so as "to retain the limb of its proper length, and press the fractured surfaces strongly together." Much pain followed the application of the apparatus, and continued more or less for ten weeks, when it was removed, but no union had taken place. A seton was next passed between the ends of the broken bone, extension being at the same time kept up by fixing the foot and the pelvis, and applying a splint along the outer side of the limb. On the 19th day after its introduction, it was necessary to remove the silk, in consequence of matter having burrowed beneath the fascia, and affected the constitution somewhat severely. Thickening of the soft parts had taken place, but nothing more. During the suppuration which followed, pressure and extension by means of splints were assiduously kept up, but without effect, and at the expiration of nine weeks from the withdrawal of the seton, Mr. Green proceeded to cut down upon the ends of the bone. A semi-circular incision was made in the front and outer side of the thigh, through part of the rectus and vastus externus, and the bone exposed, the ends of which were found to be connected by a dense capsule. This was removed from the upper portion of the bone, but in consequence of the under portion being drawn up on the inner side of the former, it was found impossible to get at the capsule connected with it. Half an inch of the upper portion of the bone was sawn off, and discovered to be soft and spongy from interstitial absorption.

After a time the splints were again very carefully applied, but at the expiration of nine weeks, no union having taken place, the limb was amputated at the poor fellow's own request. On examination of the bone, the capsule was found to be again complete, the greater part of it being as thick as the capsule of the hip-joint, and its inner surface smooth like a synovial membrane. The ends of the bone were rounded, and where they came in contact, flattened and covered with a fibro-cartilaginous membrane resembling the intervertebral substance.

Upon this case Mr. Amesbury made some very apposite remarks. In 41 cases out of 45 which he had witnessed, the non-union was attributable, in his opinion, as in the one detailed, not to weakness of constitution, but to imperfect adaptation of mechanical means. In eighteen cases, Mr. A's plan has been successful, most of them having existed ununited above six months, one nine, one ten, one eleven, and two fourteen months before coming under his care. In two cases only, this being one,* has Mr. Amesbury failed. In all *very loose* fractures of long standing, Mr. A. would be disposed, after an unsuccessful trial of pressure and rest by proper apparatus, to cut down upon the ends of the bone, remove by the knife the new capsule, and stimulate the ends of the bone either by a wash, or by the application of a caustic. This, with the subsequent assistance of due mechanical support, Mr. A. considered as affording the best chance of cure in these very troublesome cases.

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* The other, if we are rightly informed, occurred at St. George's Hospital. We shall take an early opportunity of giving the particulars.

No. 1. MR. LAWRENCE TO DR. JOHNSON.

18, *Whitehall-place*,
13*th Feb.* 1828.

Sir,—A friend of mine, who reads your periodical publication, has sent me the two last Fasciculi, calling my attention to two statements which they contain respecting myself. As you address to me, in one of these, a kind of challenge either to admit or deny it, and as both are contrary to fact, I think it necessary to notice them; and I beg that you will insert this letter in your next Number, that my contradiction may reach those who have seen your erroneous assertions.

In your comments on the case of Mrs. Denmark, you say "we have been informed, on the very best authority, that on the very day after the operation, and afterwards on the 10th or 12th day, consequently before the ligature came away, the pulse was distinctly felt by Mr. Lawrence and others in the right arm. If this information be incorrect, Mr. Lawrence can easily contradict the statement, when we will give our authority, who also felt the pulse."—*Fascic.* II. p. 469.

I did not see Mrs. Denmark on the day after the operation, nor within a week of that time. I have seen her only once since she was operated on, namely, about the 10th day. I then visited her with Dr. Tweedie, at the invitation and in presence of Mr. Wardrop, of whom she was a private patient. I do not remember the details of her symptoms at that time, having no inducement to make minutes of a case under the care of another gentleman: but the impression on my mind is, that a feeble pulsation could be felt in the right radial artery. I am not certain whether I ever saw Mrs. D. before the operation; if I did, it was without having the opportunity of inquiring minutely into her case, or forming an opinion respecting the treatment that it required.

In describing the case of J. Nowlan, you say "on the 13th day he was better, but the eye-ball was found to be greatly protruding, which was attributed, by Messrs. Lawrence and Wardrop, to a powerful compression on the brain, exercised by an aneurismatic state of the vessels of the dura mater, communicating through the skull with the tumour on the head.—*Fascic.* III. p. 500.

I never entertained nor expressed any such opinion.

Having thus taken the trouble of contradicting two mis-statements, because they involve others as well as myself, I beg that your readers will not consider that I admit the correctness of those representations, which I leave uncontradicted. Your report of the proceedings at the Medical and Chirurgical Society, contained in the same Fasciculus, which ascribes to me the absurdity respecting the case of J. Nowlan, would alone render it necessary for me to enter this protest. I shall make no remark either on the correctness of that report, or on the kind of taste and feeling which it displays. The former will be best estimated by those who were present at the meeting, while I doubt not that the latter will be properly appreciated by your readers generally.

I remain, Sir,
Your obedient servant,
WILLIAM LAWRENCE.

Dr. James Johnson.

No. 2. REPLY.

Let us now see what foundation there is for all this supercilious and taunting exposure of supposed mis-statements.

FIRST. In respect to Mrs. Denmark's case, the pulse *was* felt in the right arm *on the very day after* the operation, by Dr. Barry and others, (who have made no secret of it)—on the 10th day, by Mr. Lawrence himself, according to his own admission. The FACTS, therefore, respecting the pulse, are strictly correct—though by not exactly assigning to the observers the precise dates of their respective observations, we have made Mr. Lawrence (in the place of "*others*") appear on the second, instead of the tenth day after the operation. We say again, the *facts respecting the pulse are strictly correct;* and the whole of this mighty error consists in putting "*Mr. Lawrence*" before "*others*," in the statement. We give Mr. L. all the glory he can claim, for the detection of such "ERRONEOUS ASSERTIONS."

SECONDLY. Mr. Lawrence evidently thinks he has branded *us*, beyond redemption, with the stigma of MENDACITY, in the case of J. Nowlan. Let us see what the "INVALUABLE JOURNAL," the KORAN of the party, says upon this occasion.

In the Report from the HOSPITAL OF SURGERY, (Lancet, No. 214, p. 24-5,) we find the following passages :—

"On the thirteenth day, the stupor and delirium had subsided, but the blindness was undiminished, *and the eyeball was found to be protruding from the orbit*, with œdematous effusion under the conjunctiva, and in the palpebræ.

"These singular and distressing symptoms (including, of course, the *protrusion of the eye-ball—Ed. of Med. Chir. Review*) gave rise to much speculation, as to the cause of their occurrence. Some *physiologists* ascribing them to a want of sensibility in the brain and its nerves, owing to a deficiency in the supply of its stimulus the blood, and resembling that state produced in the lower extremities of the inferior animals, by a ligature of the aorta; or that loss of sensibility in the fingers of man, arising from an obstructed subclavian or humeral artery. *Mr. Wardrop and Mr. Lawrence were inclined, however, to take a very different view of the symptoms, and to ascribe them to a morbid state of the brain itself, arising, in all probability, from an aneurismatic affection of those vessels of the dura mater which, by passing through the cranium, communicate with the superficial arteries of the head, forming, in fact, internally, a part of the disease which was so conspicuous outwardly, and thus by their enlargement exerting a powerful compression on the brain itself. This opinion was highly corroborated by symptoms afterwards noticed, viz. by the great protrusion of the eyeball, and by the circumstance that the thrilling pulsation was most observable in the centre of the tumour, at that point where the cranium appeared almost completely absorbed, and where, in all probability, the freest communication existed with the vessels supplying the membranes of the brain."*—Lancet, 6th October*, 1827.

As there is reason to believe that Mr. Lawrence is not always obliged to a friend for a sight of the LANCET, (as he is for our Journal, of the existence of which he seems to have accidentally heard some time in February, 1828!) we ask him how it happens that he has permitted such "ERRONEOUS ASSERTIONS" to remain uncontradicted in the said LANCET, for more than four months, reserving all the fire of his indignation for us, who only *re-published* the statement?* How is this long silence of Mr. Lawrence to be accounted for? Is it possible that, while poor Nowlan was *alive*, those ingenious physiological and pathological explanations, which we have quoted from Panton Square, were permitted to glide down the stream of time, on the pages of the "INVALUABLE," as coruscations from the mighty intellects of Messrs. Lawrence and Wardrop; but that, four months afterwards, when poor Nowlan's *death and dissection* dissolved, into thin air, these fairy fabricks of the imagination, Mr. Lawrence started, all at once, from his halcyon slumbers—loudly declared that he had never enunciated any thing of the kind—that the whole was an "ABSURDITY"—and an "*erroneous assertion*" by Dr. Johnson!!

Whether Mr. Lawrence may chance to "catch a tartar" in this crusade, remains to be seen. At all events, he has placed upon record, (inadvertently, no doubt,) his OWN SOLEMN TESTIMONY to the MENDACITY of the LANCET:—and, in aiming a dagger at the veracity of Dr. Johnson, he has plunged that instrument into the bosom of his faithful ally—the LANCET! We are not among those who see the finger of Providence in every instance of moral retribution, in this world; but we will say, that Mr. Lawrence has brought about a piece of "dramatic justice," in this scene, which well deserves to be recorded.

As to Mr. Lawrence's strictures on our *taste* and *feeling*—this is the "*Devil* reproving *Sin*," with a vengeance, after the taste and feeling displayed in "PAUL'S EPISTLES" to his bosom friends—Messrs. Cooper, Travers, and Butter! We leave it to the members of the Medico-Chirurgical Society, who heard Mr. Lawrence's statements, to decide on the correctness or incorrectness of our report, with just as much confidence as Mr. Lawrence does.†

* See our last Fasciculus for the beautiful verification of these views.

* The account of this case is *acknowledged* to be taken from the Lancet, so that Mr. Lawrence can have no pretence for the attempt to father it on us.

† The statement in the Lancet of last week, on this subject, looks a little suspicious of breach of confidence some-

We have given insertion to Mr. Lawrence's letter verbatim, because it is short, and touches on a subject of great intesest in the surgical world—we mean the late operation of Mr. Wardrop. We have, in this, violated a rule which we laid down at the beginning of the year, and given just cause of offence to other correspondents. We have treated Mr. Lawrence with more respect than he can reasonably claim from us, after the supercilious preamble of his letter; but we shall take care, in future, not to tax our readers with altercations between two individuals, for neither of which, perhaps, the public care a straw. The Lancet (which now is absolutely destitute of professional information) is the proper channel for this species of medical literature, and to that publication we shall refer all applicants.

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## PROSECUTION OF MR. STANLEY.

It is a very general law, we believe, among animals, that individuals of the same species avoid preying on each other. It is true, that many of them are very pugnacious. Cocks will fight while life remains—dogs will worry each other—and bulls will meet with tremendous clash, when enfuriated by animal passions. The history of the human race, unfortunately, proves that nations will unite to exterminate nations, while individuals are perpetually engaged in the ignoble pursuit of supplanting, cheating, scandalizing, and betraying one another! With all these imperfections in poor weak mortals, there has long existed among the liberal and learned professions, a kind of universal compact that men of the same faculty should obey the Christian precept—"do unto others as ye would be done by"—put the most merciful con struction on things—and never attempt to exaggerate their neighbour's failings, or exasperate the passions of the populace against one of their own brethren. This tacit compact has very generally been exemplified in the three learned professions. The recent action, in which Mr. Stanley was amerced in 30 pounds damages, for not discovering the precise nature of an accident, after swelling and inflammation of the parts had come on—and for mistaking a foreign body jammed along-side or beneath the patella, for a portion of that bone broken off, has called forth such a stormy effusion of vituperation from a junto of his brethren, that human nature sickens at the scene! Heaven knows we owe Mr. Stanley no obligation; nor are we the toad-eaters of the Medical Aristocracy to which he is said to belong; but were he our bitterest enemy, we should detest our own existence, if, for one moment, we permitted personal feeling to interfere with the dictates of justice. Mr. Stanley may have committed an error in judgment—errare est humanum—but we do most solemnly protest against the fiat of that *professional* tribunal (if it deserves such a name) which condemns Mr. Stanley, without knowing all the particulars of the case, and merely because an *ignorant jury* gave a verdict in direct opposition to *the judge*, and to several of the most eminent surgeons in London. We have no terms expressive enough of our indignation, at seeing a portion of the medical press take advantage of such a verdict, in order to harrass an individual, who happens to be one of a different party. But Mr. Stanley may console himself with the reflection—nay, with the certainty, that this procedure of the press, will defeat its own illiberal purposes—and that the

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where—we do not mean on Mr. Lawrence's part. However, we have but one short reply to make:—We defy any member of the Medico-Chirurgical Society to shew that we have ever published "*mis-statements*," (the term applied in the Lancet) while reporting the proceedings of that body. Whoever asserts, by letter, by word, or by print, that we have misstated, or misrepresented, any case read, or any opinion given, in that Society, commits himself a "*mis-statement*." Qui capit ille facit.

* If the writers of these inflammatory effusions were acquainted with the prejudices, which medical men have to encounter in their intercourse with the public, they would not be so ready, on all occasions, to increase that prejudice, by holding up the most eminent men in the Profession to ridicule. By this procedure, they put arguments into the mouths of every little tradesman to scoff

Profession, so far from joining in the vulgar outcry, will support him through the momentary struggle. We have said before, that we owe Mr. Stanley no obligation, but we owe our tribute to *justice*, as well as to generosity—and while unmerciful critics point their black artillery at his head, we will publickly and privately espouse his cause—and so we are convinced, will every member of the profession, who has a spark of Christianity, philanthropy, or magnanimity in his breast!

In taking this line, we enter not, at all, into the surgical merits of the case. We have no proper data on which to ground a decision—and, till some circumstantial details of the accident, and the treatment, be laid before the Profession, we will not be so uncharitable as to pass a judgment, much less a censure on the practitioners in attendance.

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### LIBEL—MACLEOD *versus* WAKLEY.

This cause was determined on Monday last, in the Court of KING'S BENCH, before Lord TENTERDEN. The Court was crowded to excess. Sir James Scarlet stated the case to the Jury with great force. The impression on the audience was exceedingly strong, from the intrinsic evidence that nothing was exaggerated—no fact distorted—no expression in the libel coloured. Sir James wound up his charge, by reading, from the Lancet of last Saturday, the prediction, that "the yellow Goth would be *scarified* by Mr. Brougham on Monday." This passage excited strong symptoms of disgust in the countenances of judge, jury, and auditors. Mr. Brougham felt it necessary to apologize for the bad taste of his client, and moved heaven and earth to keep this passage from the face of the record. At length he succeeded by a legal quibble—namely, a denial that there was any proof of Mr. Wakley being editor of the Lancet during the last week! In this he succeeded. But the *moral* effect of the passage was produced beyond redemption.

Mr. Brougham did all that man could do—(but, under the circumstances in which he was placed, his exertions were of little avail)—to persuade the jury, that the false assertions against Dr. Macleod originated in a *mistake*, and that the violent language in which they were conveyed, was a mere *ebullition of feeling* for an injured friend—Mr. WARDROP. But, in this delicate position, Mr. Brougham shewed admirable tact, sound sense, and consummate policy. Instead of complying with the savage anticipation of his client, "the scarification of the yellow Goth," not a single expression was permitted to escape his lips, which could hurt the feelings of the most sensitive mind on earth! On the contrary, he paid Dr. Macleod many handsome compliments, in lieu of the expected scarifications! By this judicious procedure, and by the non attempt of the plaintiff to prove any damages, the defendant was probably saved from a heavy amercement. The verdict was all that could be expected, and five pounds were awarded, which carry the costs of both sides.

The charge of Lord Tenterden (Judge Abbott) will long be remembered by the defendant. Not a single palliating circumstance was mentioned to the jury. The accusations (his Lordship observed) against Dr. Macleod were proved to be unfounded in truth—and if the jury were not convinced of this, they ought to find for the defendant! We suppose a full account of this trial will be published.

Never were judge, jury, and knights of the long robe, so puzzled with carotids, ligatures citra et ultra tumores, post-mortem researches after vanished aneurisms, &c. as on this occasion.

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at, and insult the GENERAL PRACTITIONER in attendance, whenever he claims a reward for his services. This we see done every day—and this, every practitioner is aware of; but the literary garreteer, who fires off his inflammatory harangues among the public, knows and feels nothing of the matter.

The Lancet boasts of having been the instrument that enlightened the Jury to give damages against Mr. Stanley, in this case, contrary to the opinion of the Judge, and against the evidence of a Cooper, a Brodie, a Bell, a Travers, &c. &c! Be it so! If the Lancet has been able to raise this prejudice in the minds of the "profanum vulgus," against *such men*, it requires but little divination to see that, henceforth, no medical practitioner is one hour safe from prosecution! "These are thy glorious fruits—parent of ill!"

# Periscope;

OR,

## CIRCUMSPECTIVE REVIEW.

" Ore trahit quodcunque potest, atque addit acervo."

[8th MARCH, 1828.]

### HOSPITAL PRACTICE.

#### 1. HOPITAL COCHIN.

M. Bouillaud on Diseases of the Biliary Ducts.

In a former number of this Journal, we presented our readers with some interesting facts relative to this point of pathology, from the work of M. Andral, the younger:—we shall now bring forward some observations from a zealous cultivator of pathological science, M. Bouillaud.

Among the alterations of structure observed in the biliary ducts, some are common—others rather peculiar. In the former class, we may reckon inflammation and its consequences, as induration, suppuration, ulceration, thickening, &c. Also, dilatation, contraction, and obstruction. Of those lesions which are somewhat peculiar to the parts in question, are biliary concretions, and various other morbid changes which the bile itself undergoes, as well in its consistence as in its chemical composition. It is but seldom that we find any one of these lesions uncomplicated with one or more of the others. Thus, inflammation of the internal membrane may produce contraction or even obliteration of the ducts—and the presence of biliary calculi may induce inflammation, and so forth.

The symptoms indicative of different lesions in the excretory apparatus of the liver are far from being satisfactorily ascertained. Hence the greater necessity for accumulating such facts as may enable future observers to distinguish diseases that are, in their nature, obscure, though, in their effects, extremely distressing and embarrassing.

*Case* 1. Peter Voisenat, aged 50 years, rather embonpoint, entered the Cochin Hospital, on the 12th March, presenting the following phenomena. He stated that he had been ill about three months. The skin and the conjunctiva were of an orange colour—there was evident fluctuation in the abdomen—but no infiltration of the lower extremities. The tongue was red—the pulse febrile. This feverish state persisted for three weeks, at which time, coma supervened, and the patient died.

*Dissection.* On the inferior surface of the liver, a tuberculous mass presented itself, enveloping the situation of the gall-bladder, not a vestige of whose parietes could be found, by the most minute investigation. Neither could there be discovered any trace of the ductus cysticus, hepaticus, or choledochus. There was a cavity or pouch in the situation of the gall-bladder, containing a purulent fluid, in which were several biliary concretions. This pouch was adherent to the arch of the colon, and here there was a commencing ulceration which would soon have opened a communication with the intestine, and through which, no doubt, the biliary calculi would have been discharged. The vena portæ was completely obliterated.

*Case* 2. B. Lebant, 68 years of age, having experienced severe and long-continued mental anxiety, entered the hospital on the 4th November. On examination with the stethoscope, it was ascertained that she had valvular disease of the heart, especially of the left auriculo-ventricular opening, of which she died a few days after she was admitted. During this period, there was not any symptom evinced which led to the supposition of disease about the excretory ducts of the liver. On dissection, the convex surface

of this organ was found adherent to the abdominal parietes. The edge of the liver descended as low as the iliac fossa on the right side. The substance of the organ was rather gorged with blood, but otherwise healthy. The gall-bladder contained 90 gall stones, of polished surface, light yellow colour, and various magnitudes. The parietes of the biliary receptacle were thickened—its internal membrane red, and covered with mucus.—There was bile in the small intestines.

In this case there was no pain complained of in the hepatic region—nor was there any jaundice. The auriculo-ventricular opening was contracted and puckered.

*Case* 3. Mary Dumé, aged 38 years, had experienced severe moral afflictions, and entered the Cochin Hospital, on the 5th September. She had been affected with jaundice for eight months previously, which she attributed to mental anxiety. After a miscarriage in the month of June preceding, a tumour slowly formed in the right side of the abdomen, unaccompanied by any pain. On examination at the hospital, this tumour was of considerable dimensions, being moveable, and apparently the size of a fœtus, rather attached to the right hypochondrium. There was fluctuation in the abdomen, but no œdema of the lower extremities. The patient complained of great debility, but not of any pain. The skin and eyes were yellow, inclining to a green hue. The urine was of the same colour. The stools were generally white—sometimes black and watery. M. Cayol and others examined the patient, but were unable to determine on the nature of the disease. The patient died on the 25th September, in extreme marasmus.

*Dissection.* The abdominal cavity contained a large quantity of yellow serum. The liver was of middling size, hard, and apparently infiltrated with yellow bile. On its inferior surface were three large tubercles. The gall-bladder was enormously distended, being the size of a child's head. It touched the spine behind, and bulged out the abdominal parietes in front. The neck of the gall-bladder, as well as the ducts, were encircled by a mass of tubercles extremely hard, in which was involved the head of the pancreas. The duodenum was compressed by this mass against the spine, but not obliterated. The immense gall-bladder was filled with a dark-coloured viscid fluid, and contained more than a hundred biliary calculi, of various sizes. The parietes of the gall-bladder were very much thickened. The stomach was enormously distended with half-digested aliment. There was no other disease of importance.

This case will elucidate some observations which we made in a preceding number—especially on a case that occurred in Panton Square.

*Case* 4. *Obliteration of the Cystic Duct.* A female was brought to the hospital for the treatment of acute pneumonia, of which she died, in spite of all the means they could use. She was evidently jaundiced—and it was remarked that after each bleeding, for the pneumonia, the colour became deeper. On dissection, the gall-bladder was found much distended with bile, and its duct completely obliterated. There was inflammation of the stomach, and ulceration of the pylorus. Bile was found in the small intestines. It was interesting to observe, in this case, that after each bleeding, the yellow colour of the skin and eyes became more and more intense.

Several other cases are detailed by our author, which we cannot notice in this paper. In one case there was found a great dilatation of the ductus communis—ductus cysticus—and ductus hepaticus, without any ostensible obstruction in any of these canals. But there was inflammation of the mucous membrane of the duodenum and small intestines, which was probably the cause of the dilatation, by preventing the bile from getting into the primæ viæ.

The author enters his protest against the use or rather the abuse of irritating and often repeated drastic purgative medicines which, he thinks, produce inflammation of the excretory tubes of the liver—gall-stones—and even hepatitis.—JOURNAL COMPLEMENTAIRE.

### 2. LIVERPOOL OPHTHALMIC INFIRMARY.*

#### Ophthalmia Porriginosa.

Under this term, Mr. Christian, consulting surgeon to the Liverpool Ophthalmic Infirmary, has treated of an affection which is usually denominated *scrofulous ophthalmia*. Mr. C. thinks himself authorised to give the disease this title, not only from its appearing in connexion with porrigo, but from its bearing certain features, sufficiently characteristic in themselves, to warrant such a distinction. The coincidence has been regarded as casual, and the ophthalmic disease treated on general principles. Not unfrequently, when the symptoms have run high, the porriginous eruption has been encouraged, with the hope of relieving the local affection. As Mr. Christian looks upon these two in the relation of cause and effect, he conceives that treatment of derivation, according to that principle, must be erroneous, if not injurious. The following description of the disease is worthy of record in this place.

"Porriginous ophthalmia is a disease of early life, affecting principally children, though sometimes seen in the adult subject. It is usually accompanied by an eruption of pustules on the face or head, which go through the various stages of suppuration, ulceration, and desquamation: and if the eruption in its pustular form shall have disappeared before the inflammation of the eyes have commenced, still there will, almost always, be found some traces of the original disease, in the form either of scabs or fissures, situated behind the ears, at the commissures of the palpebræ, or at the junction of the alæ nasi with the cheeks. It is worthy of remark, that when the fissure or chap is situated between the lips, attended with excoriation of the nostrils, the upper lip often swells, assuming the appearance of what is vulgarly termed the scrofulous lip, which may be one cause of the disease being referred to this origin.

"Sooner or later, however, the ophthalmia commences, and the eye in a short time presents a highly vascular state of the conjunctival membrane. The inflammation appears in different degrees of intensity, in different parts of the albuginea; and the vessels, which are much enlarged, are seen to run in clusters, towards certain parts of the cornea, whilst this transparent tunic contiguous to these vessels is more or less clouded. On minute inspection, a pustule or vesicle will frequently be discovered at the apex of each of these fasciculi, or bundles of red vessels; but, very often, depressions will be found to exist, instead of raised pustules, situated at the margin of the cornea, or on the intermediate surface. On some occasions, the cornea will be perfectly transparent, and free from either pustule or ulcer, whilst the albuginea, with its vessels fully distended with blood, will present one or more yellowish spots, apparently elevated above the surrounding vascular superficies. These are so many ulcers, which by their extreme irritability keep up, if not give rise to, the inflammatory excitement in these parts. Similar ulcers are sometimes found on the lining membrane of the palpebræ. Wherever they are situated, they render the motions of the eyelids very painful; so that the eyes are generally kept fast closed, and their inspection, in consequence, becomes a matter of extreme difficulty. The sight being affected, only in proportion to the degree of opacity, and as this is but inconsiderable in some instances, the vision remains perfect; but the sight will necessarily be more or less impaired, according to the extent and density of the opacity of the cornea. Very often black spots may be observed arising from the attenuation of the cornea, occasioned by the ulcerative process, which sometimes perforates this tunic, and causes the incarceration of a portion of the iris. The discharge which issues from the eye, consists principally of tears, mixed more or less with a sanious fluid, which discolours the linen applied to the parts, and is often considerable in quantity. Although the pain attendant upon this affection of the eyes is not very great, yet, from the great irritability of these parts, the patient not only carefully shuns the light, but desires to lie with the face downwards, whilst the hands are almost unceasingly applied to the forehead."

The disease often assumes a chronic form, and lasts for months, leaving one or more opake spots on the cornea, the consequence of effused lymph. The con-

* Glasgow Medical Journal, No. 1.

junctiva palpebralis also becomes changed in structure, and a morbid sensibility is generated, which is very difficult of removal. In such cases the disease will continue long after its cause is removed, and then requires a specific treatment. The author next goes on to prove, or at least to support his doctrine, that the affection of the eye is an association with, or consequence of, the cutaneous eruption. For the arguments and observations on this head we must refer to the original paper. His principle being admitted, (and we do not see any just cause for denying it) the indications of cure will hinge on the removal of the eruption, and the extinction of the ulcerative process.

"Whatever external appearance of active inflammation may exist, provided it be of the specific character, usually attendant on porrigo, and occurring in conjunction with pustules or ulcers of the globe, bleeding either locally or generally is seldom necessary; except, indeed, the inflammation shall have extended to the internal tunics of the eye characterized by pyrexia, severe pain of the eye, forehead, &c. Blistering, likewise, which constitutes so valuable a remedy where a derivative is required in these cases, is not only useless, but generally tends to aggravate the eruptive disease, and thereby proves an additional source of irritation. The cooling sedative lotions in such general use are for the most part unavailing here: the object kept in view in the treatment of this particular affection, being not so much the alleviation of pain and irritation, as the production of a new action, in parts already under the influence of a specific disease.

"Corresponding with these views, it has been found by experience, conducted upon rather an extensive scale, in a public institution, where a large proportion of the cases are of this class, that the mercurial applications constitute the best remedies. A weak solution of the oxymuriate of mercury, composed of one quarter of a grain to the ounce of water, forms a very useful application: or if there be much discharge from the eyelids, and especially if accompanied by excoriation of the parts around the eye, the mixture of calomel and lime water, known by the name of black-wash, will be found to be one of the best local remedies. The unguentum hydrargyri nitratis mitius, or the unguentum hydrargyri præcipitati albi, affords an excellent dressing for the eruption, or ulcers about the face and ears, which require to be attended to; a small portion of the former, or the red precipitate ointment diluted, is to be introduced within the palpebræ at bedtime.

"Previously, however, to the use of these latter means, a weak solution of the argentum nitratum, in the proportion of two grains to the ounce of distilled water, should be dropt on the surface of the globe, and this ought to be repeated every second day, as long as the ulcers continued.* It has already been remarked, that the morbid action has been kept up, in the fine textures of the eye by the presence of an ulcer, or fissure at the corner of the eyelids, which will be frequently observed to bleed, whenever the palpebræ are forcibly separated. These fissures must be touched, every second day, with a saturated solution of the nitrate of silver; and during the intermediate days, with the weak ointment of nitrate of mercury.

"The vascularity together with the irritability will generally disappear with the healing of the ulcers, a strong proof that the specific action of these vessels is overcome; but should a degree of morbid sensibility still remain, a collyrium consisting of four grains of the sulphate of zinc, to an equal number of ounces of water, combined with a drachm of the vinum opii, dropped into the eye, once or twice a day, will be found highly useful."

On the constitutional treatment, Dr. Willan's work will be consulted with advantage, and also the lectures of Mr. Lawrence, as published in the 10th volume of the Lancet.

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* We are informed by Dr. Maule, of Marlborough, that "he has found a solution of the argentum nitrat. in the proportion of two grains to the ounce of distilled water, (dropt into the eye twice a day), a safe, not painful, and very powerful remedy in inflammation of the conjunctiva."—*Extract from a Letter to the Editor.*

### 3. ST. GEORGE'S HOSPITAL.

COMPOUND FRACTURE OF THE THIGH, TERMINATING IN MORTIFICATION.*

The patient, a stout muscular man, was admitted under the care of Mr. Rose, with compound fracture of the left thigh, about two inches above the knee-joint. The accident had happened half an hour previously, in consequence of a large wool-sack falling on his shoulders, and felling him to the ground, with the leg bent under him. The fracture was transverse, the wound about an inch and a half in breadth in the same direction, but the fracture seemed to extend down through the inner condyle, where a projection of bone was felt beneath the integument. There had been much hæmorrhage, and the disposition to bleed still continued. Limb to be placed on the double inclined plane—light compress and dressing to the wound—cold lotion, with occasionally ice to the knee—anodyne draught. On the next day, there was a slight attempt at reaction. V. S. ad ʒviij. The limb became much swollen from extravasation—there was thirst, and, in the evening, the pulse had got up to 110, with heat and tension of the integuments of the thigh and knee. Haust. sennæ—V. S. ad ʒ viij.

*Third day.* Better in the morning, having passed a quiet night, but at 10, P. M. he became rather delirious, and an emphysematous crackling could be felt on pressing about the thigh. *Liq. op. sed.* ℳ. xxx. *Spt æth. comp.* ℳ. xxx. *Mist. camph.* ʒj. *statim. Fourth day.* Pain had ceased—the leg and foot were cold—the pulse weak; in short, mortification had shewn itself. This spread to the groin, the emphysema reaching still higher—the skin assumed a bilious tinge—the countenance became puffy and anxious, he grew semi-delirious, and at 2, A. M. of the sixth day, died.

The dissection we shall give in the words of our contemporary.

"*Sectio Cadaveris, 12 hours after death.*—On uncovering the body it presented, certainly, a most extraordinary appearance. It was blown up to at least twice its natural size, and emphysematous from top to toe, whilst even the features were so distorted, that the nearest friends of the patient could scarcely have recognised him. The mortification had extended for some little distance up the abdomen on the left side; the scrotum was like a large green ball; and the penis was discoloured, and in a state of priapism. No attempt at union had taken place in the wound, and on cutting down to the fractured bone it was found to be much shattered. As has been stated, the femur was broken across about an inch and a half above the knee-joint, but from this a perpendicular fracture extended into the joint separating the inner condyle. Splinters of bone were found here and there; the cancelli were gorged with blood, which had also been forced into the vasti, cruræus, and other muscles, but more especially into the parts around the knee-joint, and within it. On cutting into the capsule of the latter, there flowed out a most offensive mixture of grumous blood and sanies, and the cartilaginous surface of the patella and of the condyles of the femur was stained of a dark venous colour, to the depth of a line or more. No injury of the femoral or popliteal vessels could be discovered, but from the quantity and situation of the extravasated blood, it appeared probable that some of the articular, or the anastomotica magna artery, or both, had been torn. The emphysema was found to be seated not so much in the subcutaneous cellular tissue, as in that looser texture which connects and pervades the muscles, &c. It was surprising how superficial the gangrenous disorganization appeared to be above the immediate seat of injury. The cellular texture and the muscles were emphysematous to be sure, but neither the one nor the other showed any trace of disease besides. The muscles indeed were as florid, and seemingly as healthy, as an anatomist could desire. Nothing particular, we believe, was found in the abdomen or in the thorax. The head was not examined."

*Remarks.* The above is a good instance of the TRAUMATIC GANGRENE of Baron Larrey, or "local gangrene," described by Mr. Guthrie in his very excellent work upon gun-shot wounds. This form of gangrene, it is well known, may arise from two causes, 1st, defect of power in

* London Med. Gazette, No. 11.

the limb from wound of the great vessels which supply it, or destruction of its textures; and, 2dly, from excess of inflammatory action kindled up after slighter injuries. Mr. Guthrie, in his work cited above, mentions two or three cases of the first species, in which he amputated with success, *no line of separation having formed.* Sir Astley Cooper, if we remember aright, details two cases of traumatic gangrene, in which amputation, under the same circumstances, was successfully performed, and strongly recommends the practice. A year or two ago a case occurred to Mr. Brodie at St. George's Hospital, where compound fracture of the bones of the leg, and that not a very severe one, was followed by mortification of the limb. Mr. B. amputated the thigh, without waiting for any line of separation, but unfortunately tetanus supervened and carried off the patient.* In the present case, it appears that amputation was proposed to the patient at the time of his admission, but he refused to submit to it. It was not again proposed, says the reporter, upon the first appearance of the mortification, first, because it was *thought* that he would not consent, and, secondly, "because the chance of success was then necessarily desperate."

Now, really, we do not conceive these reasons of the reporter's to be particularly good ones. As for *thinking* that the patient would not submit to it, that was neither here nor there, for a few minutes' conversation with him would have settled the point. A man may refuse to submit to an operation in the first instance, because he is not aware of the extent of the injury; but when he finds his limb turning black and blue, in other words, mortifying, he may become alarmed, and refuse consent no longer. Again, the chances of success, we are told, were "necessarily desperate," but all we can say is, that there are several cases upon record where amputation saved the patient. The chances are not very great, to be sure, but still we do not see why they should be "necessarily" desperate.

* This case was published by us at the time, and may be found fully detailed at page 219 of our 13th number.

### 4. STRASBURGH LYING-IN HOSPITAL.

HUMORAL PATHOLOGY.

The following curious case is reported by M. Stoltz, from the Strasburgh Lying-in Hospital. A female, aged 20, was admitted into the CLINIQUE, on the 28th May, 1826, being then in the eighth month of her second pregnancy. On the 23d July, pains of an intermitting character came on in the loins, and were considered parturient. But no dilatation of the os uteri took place, and, on the 15th, she was still in pain. 16*th*. Febrile symptoms set in, and, in the evening, red spots appeared on various parts of the body, some of them being elevated, and giving rise to the suspicion that they were of the varioloid character. 17*th*. A good deal of blood came away in the urine, and a petechial eruption was evident over the members, trunk, and inside of the mouth, even on the tongue. The breathing was slow and laborious—there was a sense of constriction in the throat—febrile heat of skin—small, quick pulse—vertigo—great debility. These symptoms increased, and she died next day delirious. At this moment, M. Stoltz was called in, and although no motion of the fœtus had been observed since the 16th, he determined on the Cæsarean operation. But the child was evidently dead some days, for the epidermis readily detached itself from all parts of the body. Over the surface of the mother, the same petechial spots still existed, and were seen on the tongue, and the conjunctiva of the eye. There was nothing particular in the head. The lungs were covered with petechiæ, and much blood and mucus flowed from incisions into their structure. The pleura, the surface of the heart, the exterior of the large vessels, the peritoneal covering of the stomach, intestines, spleen, and kidneys, all presented petechial ecchymoses. The internal surface, also, of the pelves of the kidneys shewed petechiæ, and a quantity of blood. On the surface of the fœtus, there were no petechiæ; but the lungs were covered with them, as were the pericardium, heart, and origins of the large vessels. The blood, both in the mother and fœtus, was entirely liquid, and of a violet colour. There were no coagula in any part of the venous or arterial systems of either of the bodies.

We think there can be little doubt that, in this case, the physical phenomena presented by the fœtus proved the identity of disease in the mother and child. Petechiæ were found in both bodies—and, in both, the blood was in the same dissolved state. After this, can any one doubt the communication between mother and fœtus—although no injections can be made to pass—no nerves can be traced?

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### 5. HOPITAL DE MONTPELLIER.

#### M. Boyer and M. Delpech on Pilimiction.

We lately noticed some curious instances of "bodies foreign in bodies natural," as adduced by Messrs. Brodie and Bell. Under the somewhat eccentric term of "Pilimiction" (the meaning of which is obvious enough) M. Boyer has brought forward some remarkable examples, in the Royal Academy of Medicine.

*Case* 1. A female, (the wife, we presume, of a medical man) at the age of 25, and in her second pregnancy, became affected with irritation in the bladder, and voided frequently some hairs with her urine (pilimiction.) After some time, her husband (in the presence of M. Delpech) extracted from the patient's bladder, by means of an instrument, a mass of hair, of considerable size. Several other extractions were subsequently performed. But, at length, she came into the hospital of Montpellier, and M. Delpech, having first dilated the urethra, was enabled to reach the bladder with his finger, and extract a large ball of hair. The patient continued well for two years, at which period, she evinced symptoms of stone in the bladder, and M. Delpech removed a calculus, the size of an egg, the nucleus of which was a piece of skin, covered with hair, and containing a portion of zigomatic bone! M. Delpech explains this case, by supposing that the debris of an imperfect fœtus, had made its way through the parietes of the uterus or ovaria into the bladder; and, indeed, we cannot see any other rational explanation of the phenomenon.

*Case* 2. *By M. La Riviere.* A lady, 58 years of age, had complained, for several years, of a sense of weight in the lower part of the abdomen, with difficult micturition, and great pain in the region of the bladder. M. Gille, surgeon of the Hôtel Dieu, sounded her, and struck upon a tumour, which burst, and discharged a large quantity of matter. The pus continued to flow, in considerable quantities, with the urine, for eight days, when fever supervened, with diarrhœa, vomiting, and sweats. The case ended fatally. On dissection, the uterus was found adherent to the bladder, and, in this adherent portion, were found several pieces of bones, and also some hairs, in a kind of cyst, from which the pus had issued into the bladder.

The celebrated Meckel, indeed, has collected, in an interesting memoir, the most remarkable examples of masses of hair found in different parts of the human body. He quotes from Schenk, Horstius, Hildanus, Tulpius, and a multitude of others, various cases of masses of hair passed from the bladder, but no dissections have proved that they originated in that receptacle. We have no doubt that they proceed, in all cases, from the uterus, the fallopian tubes, or the intestinal canal.

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### 6. LA CHARITE.

#### Inflammation and Softening of the Medulla Spinalis.

[M. Bayle. La Charité.]

The following very interesting case will be found to illustrate and confirm some important physiological and pathological discoveries of recent date.

*Case.* Agustus Barre, aged 20 years, by trade a shoemaker, ricketty from his infancy, but having enjoyed good health, became affected, about the middle of December, 1825, with pain in the *left* side of his neck, which he attributed to cold, and to which he paid little attention for several months, when it gradually increased, and at length impeded him in his trade. At this time also Barre began to feel a weakness, accompanied with flying pains in his arms. He had leeches applied to his neck, took vapour baths, and some medicines, with slight amelioration of the symptoms. On the 15th

April, 1826, he was received into LA CHARITÉ, complaining of the pain in his neck, which prevented him from turning his head, and also of pain and weakness of the left arm. The complaint was considered rheumatic, and leeches, blisters, low diet, and some topical applications were employed, with trifling effects. He now complained of pain in his head, while that in his neck became aggravated. On examination, a diffused swelling was observed on the left side of the neck, which was treated unsuccessfully by liniments and other outward applications. Towards the latter end of May, the cervical pain had much increased, and evidently extended itself to the head, especially to the frontal region. The left arm first, and subsequently the right became gradually paralytic, and by the end of June they were both completely incapable of *motion*, while their *sensibility* was in a state of perfect integrity. The *left* lower extremity came into the same state, and soon after the *right* leg lost its *muscular* power, retaining its sensibility. The intellectual faculties were yet untouched; but the speech was embarrassed, and the patient complained of difficulty of breathing, and a feeling as if the chest were compressed. The respiratory murmur was heard throughout the thorax, but louder in the *right* side. The patient now emaciated fast, and there was occasionally an acceleration of the pulse. During the first four days of July, he evinced incoherency of ideas, with complete delirium at night. He died on the 4th July.

*Dissection*, 36 *hours after death*. The tumour on the left side of the neck was first examined. It was rather firm, and appeared to have a deep-seated base. After removing the integuments, and raising the sterno-cleido muscle and pneumo-gastric nerve, an abscess was discovered opposite the transverse processes of the cervical vertebræ, the size of an egg, containing yellow and thick matter. When a probe was passed into the abscess, it penetrated into the spinal canal. The vertebral column was then laid open throughout its whole extent. The *posterior* columns of the medulla spinalis were found softened to the consistence of cream, from the first cervical vertebra to the third or fourth dorsal. This softening or diffluence was greatest at the surface, and gradually diminished as the centre of the chord was approached. The *anterior* portion of the spinal marrow was slightly softened also, but infinitely less so than the posterior. About the middle of the cervical region, two small holes were found in the bodies of the vertebræ, leading to the external abscess. The transverse processes were here carious. In the head, the arachnoid was found greatly injected, and adherent in some places to the pia mater, as was the latter to the substance of the brain. The brain itself and cerebellum were sound. The right lung was gorged with blood, especially posteriorly, where it was also hepatized, and there were numerous tubercles scattered through its substance. The left lung was more crepitous and free from disease. On opening the abdomen, they were surprized to find four perforations of the stomach—some of them an inch in diameter. Near these perforations the mucous membrane of the stomach was thinned away or entirely obliterated.

*Remarks*. M. Martinet thinks that the external swelling and abscess were only consequences or prolongations of inflammation of the spinal marrow—and, in fact, that the matter had made its way outwards through the holes in the carious vertebræ. This, he thinks, is proved by the fact that, from the very beginning, the patient complained of weakness and flying pains in his arms. We confess we have some doubts whether the matter of the abscess made its way inwards or outwards. The extension of inflammation from the intermuscular swelling to the interior of the canal (a thing not unlikely) might occasion the early symptoms above-mentioned. Nay, might not the swelling on the neck affect the nerves issuing from the spinal column, and produce the early phenomena? Be this as it may, there can be no doubt of the existence of inflammation of the medulla spinalis, whether primary or secondary—and of the softening or diffluence being a consequence of this inflammation. We observe that, as soon as this disorganizing process had made a certain progress, the upper and one of the lower extremities were stricken completely paralytic, their *sensibility*, however, remaining entire—a pathological fact which beautifully illustrates and

confirms the experiments of Bell and Magendie; for it was seen that the posterior portions or columns were disorganized, from which portions the nerves of motion arise. The delirium which supervened during the last four days of the patient's life, left in the membranes of the brain the proper signs of its existence—or rather the cause of the phenomenon. The perforations of the stomach are not so easily accounted for. Were they ante-mortem or post-mortem disorganizations? It will probably be said that these lesions and destructions of the coats of the stomach could not have taken place during life, otherwise they would have been attended with corresponding symptoms. But it is to be recollected, that the delirious state of the patient, for four days, might possibly mask the affection going on in the stomach. The explanation of this remarkable phenomenon, indeed, is not very easy on any hypothesis.—Revue Medicale.

The above case, we think, will bear upon and help to illustrate the case lately published by Mr. Iliff, and noticed at page 192 of this Number. We imagine that it will hardly be contended, after this, that Mr. Iliff's patient laboured under no inflammation of the spinal marrow anterior to the diffluence of that organ, and the complete loss of all its functions.

Before we quit this subject, we may be permitted to notice another curious case, related by M. Martinet, in the same hospital report. A young gentleman had experienced, for twelve or fifteen days, an intense head-ache, principally at the bottoms of the orbits, and then was seized with delirium, fever, agitation and occasional vomitings. He was twice bled, and blisters were applied to the feet. On the fourth day from this accession, the patient appeared to be fast approaching the final goal, and had the *rattles* in his throat. In this state eight grains of emetic tartar were administered. From that moment the patient's agonies seemed inexpressible, and he died the next day.

*Dissection.* The internal surface of the dura mater was found, in some places covered with a layer of nearly fluid pus—the membrane itself was highly injected. A great portion of the superior surface of the hemispheres presented the appearance of pus, being soft, yellow, and nearly liquid. The same was seen in the fissura magna, and several other parts of the brain's superficies. The pia mater was every where intensely injected. On opening the abdomen, the stomach was found perforated in two places, and a quantity of brownish fluid extravasated. One of the openings was an inch in diameter. Around these openings, the parietes of the stomach were very much attenuated, and somewhat reddened. But the general surface of the stomach was pale. All the other organs were sound.

This last case shews to what a pitch of disorganization even the brain will sometimes go, without *corresponding* symptoms during life. When we say *corresponding* symptoms, we mean as to *duration*. We can hardly wonder at the perforations in the stomach, after a dose of eight grains of tartar emetic administered to a patient in *articulo mortis!* Had the physician applied this medicine to his own *skin*, he would soon have found out the irritating qualities of the drug.

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### 7. HOSPICE GENERAL.

#### Extirpation of a "Sarcocele," followed by Tetanus.*

Tetanus has, we believe, occasionally, though very rarely, followed amputation of the testicle, but in such instances it has generally been referred to the surgeon's having comprised the cord, vessels, nerves, and all, in one ligature. In the case we are going to detail, this was not done, but other violence was inflicted on the cord which would seem to account for the tetanic symptoms.

*Case.* Muyart, æt. 37, who had led a drunken, dissipated life, and suffered from venereal complaints, received a blow on the testicles in the beginning of 1823. No swelling ensued, but in January, 1825, he applied at the Hospice General, (of Rouen, we believe) suffering from considerable pain with some swelling, and induration of the left testis. In spite of the means employed (no mercury was

* M. Couronné. Revue Médicale, Sept. 1827.

used) the swelling progressively increased, whilst the pain, *pari passu*, diminished. Towards the commencement of July, M. Couronné conceiving the case to be one of sarcocele, and not likely to be benefited, proposed the operation to the patient to which he readily consented. A moderate incision was first made into the tunica vaginalis to be sure that it was not a hydro or hematocele, but not a drop of fluid was found in its cavity. The removal of the testicle was then completed in the usual way, but, on dividing the cord, the upper portion retracted within the inguinal canal. The retraction, however, was not permanent, for alternately it appeared and disappeared, evidently depending on the irregular contraction of the cremaster muscle. In order to tie the vessels, it was necessary to seize the end of the cord by the forceps and draw it out, which occasioned very severe pain running up to the loins of the same side.

On examination of the tumour, it was found to be of a mixed character, some portions resembling scirrhus, others the medullary sarcoma, with, here and there, small cysts containing fluid as in what is commonly, though not very correctly, called "hydatid disease of the testicle."

A good deal of pain remained for some time after the operation, but, in the course of a day or two, it subsided, apparently in consequence of a certain degree of bleeding which had taken place. On the 10th day, there came on some stiffness of the lower jaw, and on the 12th, there was decided trismus. Complete tetanus followed, which was treated by bleeding, laudanum, the warm bath, mercurial frictions, &c. and, on the 16th day, he was a good deal relieved. This was the 29th of July, but on the 30th, a change for the worse took place; the jaws were permanently locked—the muscles of the abdomen, arms, and neck, rigidly contracted—deglutition almost impossible—great anxiety, pain in the loins, and insomnium. Convulsions, and loss of consciousness came on, and, on the 3rd of August, the patient died. The wound during this time, so far from taking on an unhealthy appearance, had gone on rapidly cicatrizing.

*Sectio cadaveris.* There was some emphysema beneath the skin, and amongst the muscles of the back and neck. The substance of the brain was a little injected, and a trifling quantity of bloody serum was found in the ventricles. The tunica arachnoides of the cerebellum was quite opaque, and the substance of the cerebellum itself softened throughout, and reduced at its circumference to a semi-fluid bouillie, of a yellowish grey colour. The medulla oblongata was unaffected, but the spinal marrow, in its upper half, presented striæ, and patches of red in its substance. The spinal dura mater, was much reddened on its inner surface, and between it and the bony canal there was discovered a considerable quantity of bloody serum. In the left side of the thorax there was some effusion, and the lower lobes of the lung were exceedingly small and filled with dark coloured blood.

We suppose, for we know of nothing better that can be offered, that the cause of the tetanus in this case, was the violence done to the cord by dragging it out, which produced, at the time, and indeed for a day or two afterwards, very considerable pain. This may have been the cause, or it may not, for the truth is that we know little or nothing of either the etiology, pathology, or treatment of these terrible convulsions of the nervous system. The cicatrization of the wound during the progress of the tetanic symptoms is a curious but not very uncommon circumstance, and it proves that these latter are not dependent, as some would have us believe, merely on a kind of error *loci*.

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### 8. GLASGOW INFIRMARY.

#### CASES OF EXTENSIVE BURN, TREATED WITH COTTON.*

*Case* 1. John Cunningham, æt. 25,

* Surgical Report from the Royal Infirmary of Glasgow. By I. H. Plymsoll, Esq.*

* Having accidentally learnt that a severe burn in this metropolis had been very successfully treated, by a method little known in this country, though employed a good deal in America, we have much pleasure in laying before our readers some authentic facts relative to this mode of treatment, from the Royal Infirmary of Glasgow.—ED.

labourer, was admitted into the Glasgow Royal Infirmary, March 3d, 1827, under the care of Dr. Anderson, in consequence of a burn which he had received, a few hours previously, from the explosion of gas in a coal-pit. Face and upper extremities were burned to a great extent, and in a state of complete vesication. Sweet-oil was applied immediately after the accident:—Injured parts to be dressed with finely-carded cotton. 12*th*. Cotton has been removed, and burned surface looks healthy, and partially cicatrized. Has been frequently burned before, but never felt so easy as under the present treatment: previous burns caused great disfiguration of countenance, which has been entirely obliterated under the application of the cotton. *April* 4*th*. Burned surface completely cicatrized—health good. Dismissed, cured.

*Case* 2. Alexander M'Kinlay, æt. 21, labourer, was admitted into the Infirmary, April 16th, 1827, under the care of Dr. Anderson, in consequence of a burn which had been inflicted, as in the former case. Face, right arm, and middle third of legs, are vesicated: sweet oil was applied immediately after the accident. Complains of severe pain on injured surface. Injured parts to be dressed with cotton-wool. Has been much easier since the cotton was applied. 26*th*. Continues free of uneasiness, and sleeps well. *June* 12*th*. Burned surface entirely cicatrized, and without contractions. Cured.

*Case* 3. John Nudgent, æt. 23, labourer, was admitted into the Infirmary, Nov. 22d, 1827, under the care of Dr. Anderson, with an extensive burn, which he had received, three days previously, in consequence of his clothes having caught fire. Almost the whole extent of back, right side of abdomen, right and left thighs, knees and upper part of legs, and left elbow, are most severely burned. Burned surface is covered with a leathery slough, excepting here and there, and on right thigh, where there are vesications. Around the edges of slough skin is red, and, in some places, vesicated. The sloughing parts were bathed with the spirits of turpentine, and, afterwards, covered with cotton wool and bandages. 23*d*. Has been easier since the cotton was applied than at any time since the receipt of the injury. The sloughs were altogether separated after the third or fourth dressing, and expose a healthy granulating surface, granulations having afterwards become rather prominent. Patent lint, soaked in a solution of the chloruret of lime, and covered with sheet lead, was afterwards applied. This had the effect of bringing the granulations almost on a level with the adjoining skin; but new skin suffered from pressure—the patent lint and lead were, therefore, discontinued, and cotton was again applied, with increased pressure. From this time, he progressively recovered. New skin continued to form rapidly. Has been free of uneasiness, and slept well every night, since admission. Injured surface is now almost completely cicatrized.

*Case* 4. Daniel Lochrie, æt. 50, labourer, was admitted, Nov. 25, 1827, under Dr. Cooper, having, a few hours since, fallen into a vessel containing a quantity of boiling soda ley. Head and face, and superior part of thorax and upper extremities, were burned. Injured parts are vesicated, and extremely painful—eyelids are swollen, and conjunctiva inflamed:—Dressed with cotton-wool. *Dec.* 1*st*. Cotton has been removed from left arm, on account of discharge—parts were found doing well. *Jan.* 20*th*. Injured surface cicatrized through its whole extent.

*Observations.* These cases are remarkably illustrative of the advantageous consequences resulting from the application of cotton to burns, and, in conjunction with other cases, which have been treated, of late, in this infirmary, almost equally severe, and terminating equally successful, have considerably influenced the determination of the surgeons to this hospital, in the treatment of these injuries, so that the practice has, ultimately, become established. The application of cotton to burns originated in America, where, I understand, it has been practised exclusively in superficial burns. It has been introduced in this country by Dr. Anderson, of Glasgow, who has constituted it a most important innovation in the treatment of these injuries. Dr. Anderson has practised it extensively, both in superficial and deep-seated burns; and, convinced of its decided superiority over

every other method of treatment, and of the beneficial consequences which would result from its more extensive application, has strenuously recommended this practice to his professional brethren, and has been indefatigable in demonstrating the beneficial results of its operation—exhibiting a strong determination that the practice should become more generally established. Cotton cannot be considered to have any specific influence on burns; any other substance, of a similar nature and consistence, would have the same effect. It constitutes, from its peculiar softness of texture, and unirritating qualities, a soothing and comfortable application, which absorbs the discharge from the wound, and forms with it a case, substituting the place of the original cutis, and affords a thorough protection from the approach of the external air, which would exert a very deleterious effect, if allowed to come in contact with the inflamed or raw surface occasioned by the burn. It is a non-conductor of heat, and, consequently, diminishes that excessive expenditure of heat, which would otherwise be evolved from the injured surface, and which is productive of such injurious consequences. It has the power of accommodating itself more than the ordinary applications, to those irregularities of surface which are generally occasioned by extensively-deep burns, and, consequently, of being brought into more close approximation with the injured parts. Bandages can be applied with almost any degree of pressure, without producing irritation; an equability of pressure is, therefore, kept up on the whole extent of the injury, which has the effect of levelling irregularities, and of repressing the growth of exuberant granulations, and, ultimately, of effecting a regular and uncontracted surface. The skin which is formed under this treatment is not a smooth, continued skin, as in other cases, but possesses almost the same degree of mobility and elasticity, and those insensible indentations, which are observed in the original skin. This method of treatment, therefore, is particularly advantageous in burns where the joints are involved, and also in burns of the face, and other parts which are exposed to view, as a cure is effected without restraining the motions of the joint, and without exhibiting the slightest deformity of the face—this is well exemplified in the case of Cunningham. The granulations will sometimes become prominent, in consequence of a sufficient degree of pressure not having been kept up. In order to obviate this inconvenience, patent lint, covered with sheet lead, may sometimes be substituted with advantage. Should this produce much irritation however, cotton, moistened either with a solution of the sulphate of copper, or chloride of lime, should be again applied, and with increased pressure: this will have the same effect, without being productive of any uneasiness to the patient. The great point, however, in this practice, is the continuation of the dressings, without which, all our efforts will prove inefficient. They should never be removed until it is absolutely necessary, either from the excessive discharge from the wound soiling the cotton, or the insupportable fetor which may arise from it: this last inconvenience, however, may be corrected by the chloride of lime. Many surgeons have attempted this practice, but, ignorant of the necessity of continuing the dressings for several days, have been quite unsuccessful. The reason of this is obvious:—The cotton adheres with such tenacity to the raw surface of the wound, that, in removing the dressings daily, it cannot be accomplished without producing a considerable degree of irritation, and disturbance of the restorative process. It is of importance to observe that, when a part of the dressings are soiled, it can be taken away without removing the whole of the dressings. In the cases which have been treated in this infirmary, the dressings have been removed about once in six or eight days on an average. Every one of the above-mentioned individuals experienced immediate relief from the application of the cotton, and progressively recovered, without exhibiting the slightest constitutional irritation.

I have no doubt that this treatment prevents, in a great measure, those determinations to the viscera, which are so frequently consequent on extensive burns. Cotton has not been applied exclusively to burns, it has been rendered subservient to the cure of abrasions, and superficial injuries of every description, and will, no doubt, ultimately become a general application.

### 9. ST. GEORGE'S HOSPITAL.

#### Mr. Brodie's Case of Popliteal Aneurism.

In the month of August, the Lancet gave "an account" of a case of popliteal aneurism at that time under Mr. Brodie's care in St. George's Hospital, in which "account," as usual, there were errors in abundance. In No. 7 of the Gazette the authentic version of the case was published, and the blunders and misstatements of the Lancet exposed. In our second fasciculus we gave an abstract of the case, and copied almost verbatim from the Gazette the contradictions of the said misstatements. To this exposé, the "Invaluable" of last week has made a reply, and that in such a ludicrously intemperate style, that it irresistibly reminds one of a puddle in a storm. It is a circumstance of which our profession should be justly proud that in the improved mode of conducting medical controversies in the present day, we are not trammelled by the obsolete and vulgar rules of truth and justice. Thus, if a man convicts you, in plain English, of a falsehood, all you have to do is to call him a BAT, or a COCK-SPARROW, and that settles the matter. In the present instance, then, the Lancet does not even attempt to defend the truth of its allegations because it knows, full well, they are indefensible. No, this impartial journal being convicted of mis-statements turns round, and like the ragamuffin in the streets, pelts Mr. Brodie with handfuls of abuse!!

First, it assumes that which it has no right to assume, and which assumption we *know* to be untrue, viz: that Mr. Brodie is the writer of the Report, merely for the purpose of visiting upon him the sins, such as they are, of the Reporter! It then gives a series of the most quibbling and contemptible criticisms upon the *wording* of the case which we ever remember to have seen even in the pages of the Lancet. We would not insult the readers of this journal by going seriatim into these paltry verbal criticisms, but we will notice one or two of them. The Lancet is absolutely amazed that the *aneurism* should increase "by the patient being greatly harrassed in mind and body," and calls it a *singular* position! Why this learned Theban had better get him to his book as soon as possible, if he is so ignorant as not to know that *exertion* will aggravate an aneurism, and that *rest* is indispensible to its cure. The Lancet takes mortal offence at the words "seem," "numb," and "analogous," and doubtless its criticisms are of the highest importance in a pathological point of view, and surprisingly just if one could but understand them—as, however, this is a hopeless matter we shall pass over these *abstruse* questions and come at once to the "practical points."

On the 6th Sept., fourteen days after the separation of the ligature from the femoral artery, a hæmorrhage of fluid blood burst in a stream from the wound. Firm pressure was steadily made upon the groin, but in spite of it there was a "threatening of bleeding in the night," and, on the morning of the 8th, *the pressure being still continued*, hæmorrhage took place "to a greater extent." The tourniquet was then applied, but, after a time, on loosening it a little, an oozing was observed, and Mr. Brodie (very properly in our opinion) "thought it advisable to tie the artery in the groin," which he did at 2, p. m.

Now, after this statement, which the Lancet has transferred to its own pages, it absolutely makes the following assertions. "The loss of blood here had been trifling, *and the obvious measure of compression does not appear to have been tried.* What, was the two days pressure on the groin nothing? was the application of the tourniquet nothing? was the constant dread, and repeated occurrence of the bleeding from the morning of the 6th till 2, p. m., of the 8th nothing? As Mr. Abernethy says, there is such a thing as common sense. The Lancet makes a sad outcry at Mr. Brodie for having tied the artery, but let us see what it has itself proposed. "A graduated compress should have been placed *over the wound*, and the trunk of the artery, from the groin to the wound, should have been covered by another. These should have been covered by a bandage from the toes to the groin."!!! To say nothing of the awful size of these compresses, we shall just look a little at the state of the limb and the wound, which were to have been tortured by all this bandaging. The report states that spongy and indolent granulations had arisen from the wound,

which was little disposed to heal, and that the thigh around was so swollen as to require the application of a poultice. In such a condition a bandage from "the toes to the groin" with compresses, "to match" would be admirable, most admirable, practice truly.

There is one other point on which we shall merely touch, as the consideration of it would require more space than we can at present afford, namely, the application of the second ligature just below the giving off of the profunda. It is argued by many, and we believe the argument a sound one, that the tying of a main trunk near the origin of a very considerable branch, is unsafe, inasmuch as the circulation is brought up to within a short distance of the ligature—there is no sufficient clot in consequence, and the danger of secondary hæmorrhage is thereby increased. We say that we believe the argument a sound one, but yet it is disputed, and the fact very far from being unequivocally established. This being the case, we should like to know what right the Lancet has to abuse Mr. Brodie for doing that, which Sir A. Cooper, Baron Dupuytren, and, we believe, Mr. Cline, have done before him, and which, for ought we know, surgeons may be doing daily. The Lancet arrays against Mr. Brodie, an observation of Mr. Hodgson's, but it has *forgotten* in its hurry, to notice another fact by the *same gentleman*, as militating *against* the necessity for a coagulum!

## MISCELLANY.

### 1. Carbonate of Potash and Opium, in Traumatic Tetanus.

Many of our readers will remember that, a few weeks ago, Dr. Barry mentioned, in the Westminster Medical Society, a practice which he had tried, with success, in traumatic tetanus, while serving with the Portuguese troops in the Peninsular war. This practice was, *alternate doses of carbonate of soda and opium.* The alternation of these medicines was suggested to him by another gentleman, who probably learnt it in Germany, where it has got the appellation of the "method of Stultz." A case has lately been published in Hufeland's Journal, and copied into the Revue Medicale, which elucidates this practice.

*Case.* A young woman of 19 years of age, robust and healthy, received a contused wound on the instep of the left foot—for which nothing was done by any surgeon. A month after the accident, and before the wound was healed, she was suddenly seized with trismus, which went on to opisthotonos. The physician who was called in, found the patient in this state, the wound in the foot being in a bad condition, and covered with proud flesh. Thirty-two ounces of blood were abstracted—purgatives were given—and poultices were applied to the wound. The bowels being opened, the method of Stultz was put in force, and, in the course of twelve days, she took 224 grains of opium, in alternate doses with carbonate of potash, the quantity of the latter not being mentioned. Under the influence of this treatment, the spasms became less severe and less frequent, till a general swelling of the body came on, when they ceased altogether. This swelling appeared to be of an anasarcous nature, and gave way to diuretics. It was succeeded by an eruption on the skin resembling scarlatina. This last disappeared, and the patient got quite well.

The rationale of this practice, we believe, has been attempted on the supposition that, the alkali enables the opium to get at the nervous surface of the stomach much more readily than it otherwise would do—and that, in short, it is the preparation which gives the latter remedy the complete power of acting. As opium is still the medicine on which reliance is chiefly placed in this terrible disease, and as there appears no counter-indication to the alkali, we think the method should be tried.

### 2. Pathological Investigations in the Dissecting-room.

Not unfrequently bodies are brought into the dissecting-room presenting pathological appearances worthy to be recorded, although, unfortunately, we thus become acquainted only with the phenomena in the dead body, not with the symptoms which indicate them in the living. In

the Bibliotheque for November last, M. Cruveilhier has published an account of a dissection, which we shall notice here.

*Varices of the Veins of the Round Ligament.*

It is well known that the veins of the spermatic cord in the male, are subject to a varicose enlargement, and that this affection, has been occasionally mistaken for an inguinal hernia. We remember, a month or two ago, seeing a case at one of our hospitals, where a young man in a drunken fray got a blow on, or sprained his right groin, in which a tumour immediately appeared. Some few hours afterwards he was admitted into the hospital, having all the symptoms of strangulated inguinal hernia, which was treated by the warm bath, bleeding, the taxis, &c. without relief. The operation was fixed for 4 P.M. but in the mean time, cold, by means of the sulphuric æther, was steadily applied. The surgeons and pupils had collected, and all was prepared for the operation, when a portion of gut suddenly "went up" under a moderate application of the taxis. Considerable swelling, however, still remained, and it eventually turned out, that there had been an inguinal hernia, combined with varicocele and hernia humoralis, the patient having laboured under a clap for some time previously.

The patient, we should say the *subject*, which came into the hands of M. Cruveilhier, was a female, about 60 years of age, having an oblong tumour at each external ring, which M. C. imagined to be a brace of herniæ, and proceeded to operate on one of them accordingly. On cutting through the skin, the external pudic veins were found to be very tortuous, and one large vein in particular was seen to cover the upper pillar of the ring. Continuing the incision, the knife came down to a muscular substance, resembling a hypertrophied bladder, or uterus at the 3d month of pregnancy. M. Cruveilhier thought he had come upon a hernia of the bladder, but *n'importe* he cut on, divided the "fleshy tissue" into laminæ, and at last opened into a large vessel, which proved to be a vein with its coats much thickened. The operator was now fairly bothered, and determined to satisfy his doubts by cutting into the abdomen, and introducing his finger from that into the ring. To shorten a long story, it was discovered that the tumour was made up of the "muscular substance" of the round ligament considerably thickened and hypertrophied, and its veins bound together by fibrous bands, and exceedingly varicose. The veins of the legs were very varicose also.

This good lady must have been a museum in herself, for besides the above rare affection of the round ligament, she presented some curious appearances in the abdomen. The mesentery commenced at the pylorus, so that the duodenum was contained within its laminæ, and not distinguishable in this respect from the small intestine generally. The right half of the pancreas was contained in the mesentery, and the cæcum, ascending, transverse, and descending arch, and sigmoid flexure of the colon, formed but one tortuous arch, not above half its usual length. Several other anomalies in the mesentery and epiploon, were observed, but we need not stop to describe them. The lower half of the anterior wall of the vagina was affected with cancerous ulcerations, by which it communicated with the bladder. The base of the ulceration was white, brittle, and prominent, several little prominences projecting into the bladder, and one of them being covered by a calculous deposit of uric acid.

Whilst upon the subject of dissecting-room pathology, we may take notice of a paper published by Mr. Cæsar Hawkins, in No. 10 of the Medical Gazette, containing an account of some appearances observed in two bodies brought into the School of Great Windmill-street. The first was a middle-aged man, who had been affected with ricketts to an extreme degree. It appeared that, whilst labouring under this disease, the left knee had been dislocated, so that the tibia rested on the fore-part of the femur. In this situation, a new joint had been formed, the back part of the head of the tibia being flattened, and a kind of cup having formed on the front of the femur, above the condyles, which was rendered more complete by the growth of a large knob of bone immediately above it. The surfaces of this new articulation were coated with an imperfect cartilage, and provided with a distinct synovial membrane, and ligaments of considerable strength.

The patella of that side was much smaller than the other, probably, as Mr. Hawkins observes, from its not having been called into exercise, the new form of joint not allowing of flexion and extension of the leg. The hip-joints were remarkably altered also, the neck of the femur being on each side absorbed, so that the trochanter and head of the bone were on a level with each other. The head itself was flattened and widened, as was the acetabulum, which was much shallower than usual. From these circumstances, Mr. Hawkins thinks it is evident that the enarthrotic, or ball and socket articulation was lost, and had degenerated into little more than a mere hinge-joint. The patient had been obliged to use crutches, so that the head of the humerus was forced up against the acromion, and between these parts there was found a number of enlarged bursæ, filled with a quantity of thick gelatinous fluid. Thus, the very pressure and irritation produced their remedy, namely, the interposition of these additional friction-wheels between the ends of bone.

In the second case detailed by Mr. H. it appears that the median nerve, flexor digitorum sublimis, and flexor carpi radialis muscles, and the radial artery, had been divided by some wound inflicted a considerable time previous to the patient's death. The portions of the flexor digitorum were united by an imperfect ligamentous substance, and the flexor carpi was partly deficient. The radial artery was likewise deficient for nearly three inches, its lower part being supplied by an enlarged branch of the interosseous. But the more interesting appearances were observed in the median nerve. This terminated, about the middle of the fore-arm, in an oblong tumour of a light brown colour and firm consistence. The filaments of the nerve were separated, and spread out over its upper end, whilst at its lower, the tumour had contracted inseparable adhesions to the ligamentous part of the flexor sublimis. The nerve below the annular ligament was perfectly natural, but between this lower portion and the tumour on the upper, there was a separation of at least three inches, without any intervening substance whatever. An enlarged branch, however, was given off from the superficial division of the muscular spiral, which passed through the flexor sublimis and joined the lower portion of the median nerve. One or two smaller anastomoses were also observable between these nerves nearer the wrist.

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### 3. EXTRACT OF VALERIAN, IN FULL DOSES.

Every practitioner is aware that valerian exerts a very considerable sedative influence over the nervous system; but the extremely disagreeable odour of that root (to some more offensive than assafœtida) very much limits its use, especially among females, where it is most wanted. Dr. Guibert, of Paris, has recently exhibited the extract of valerian, in doses varying from one to two or three drachms per diem, in several disorders of the nervous system—and, if the cases detailed be faithful, with considerable success. As the medicine is perfectly safe—as the root has long been employed with advantage—as its bulk and flavour are objectionable—and as the extract appears to possess all the medicinal properties of the root, divested of several inconveniences, we think it is a medicine which deserves attention, particularly in a number of female complaints equally distressing and unmanageable.

The cases in which Dr. Guibert has employed the extract are spasmodic contractions of the muscles of the limbs—nervous tremors in adults, when unaccompanied by any signs of plethora—chorea—epilepsy, in which disease he has found the valerian very serviceable, after sanguineous and other evacuations—palpitation of the heart, when of a nervous character, as they very often are—spasmodic asthma, and nervous dyspnœa—hooping cough, in its later stages, and after the inflammatory symptoms have subsided—dyspepsia and gastrodynia unattended with any obvious inflammatory symptoms—vomitings of a nervous character, and not apparently dependent on any organic disease—and last, not least, the various proteian forms of hysteria. Of all these complaints, the Doctor has adduced examples in our Parisian cotemporary—the REVUE MEDICALE, for December last. These cases we shall not detail; but we think the remedy is worthy of the English practitioner's notice.

### 4. DIABETES MELLITUS.

A late meeting of the Westminster Medical Society was occupied with the subject of DIABETES. Dr. Ayre (to use the learned language of the Lancet) "*prefaced* the relation of a case with a *Peroration*," which we would call an *exordium*, on the pathology of the disease. The Doctor did not agree with Heberden, that it was a breaking up of the constitution in advanced life—nor with Cullen, that it was nearly always fatal—nor with those who considered it to be dependent on a faulty digestion,—an imperfect assimilation,—or a bad sanguification. In short, he looked upon diabetes to be a local disease or disorder of the kidneys—the nature of which, he thought, was chronic inflammation. Entertaining this view, he therefore expected but little from any peculiar diet tending to prevent the formation of saccharine matter in the fluids, and its elimination by the kidneys. Local detractions of blood from the loins formed almost the whole of his therapeutics. He stated the details of a case, part of which had been drawn up by the patient himself, from which it appeared that the quantity of diabetic urine amounted, at one time, to more than 20 pints per diem, while the thirst was unquenchable, and the appetite voracious. The plan of treatment abovementioned was put in force, and by the time the patient had been seven times cupped on the loins, the disease was subdued (or supposed to be so) and the health restored. Unfortunately for the efficacy of this plan, Dr. Barry informed the Society that the same patient had come under his care, shortly after he left Dr. Ayre, and the diabetes had returned nearly as bad as before. Dr. Barry had put the gentleman on Rollo's plan of animal food diet, and to this the disease was once more giving way.* A sharp discussion now took place respecting the chemical pathology of diabetes—Dr. Barry maintaining that the grand source of the malady would be found in the fluids, while Dr. Ayre, Mr. North, and some others, considered the solids in fault. Mr. North brought forward the authority of Berzelius to prove that, in certain affections of the liver, the urea disappears from the urine, and a saccharine principle is there evolved—in short, diabetes produced.

Dr. Johnson was inclined to agree with Dr. Barry, that the pathology of diabetes could not be affixed on any one particular organ—neither the kidneys, the liver, the stomach, or the lungs, exclusively. In all the severe cases which he had seen, however, there was some evident functional disorder of the system accompanying the diabetes. In every case where he had an opportunity of examining or seeing examined, the body after death, the lungs were found affected with disease, whatever were the appearances in other organs. In some researches which he made among the most authentic dissections that have been recorded of this disease, he found that, in very few instances indeed, were the lungs in a state of integrity. By this he did not mean to infer that disease of the lungs was the cause of diabetes; but he thought that this fact authorised us to suspect a considerable connexion between disordered function in the respiratory apparatus, and the production of diabetic urine. In respect to treatment, he had found restriction to animal diet, with occasional blood-letting, and great attention to the improvement of such functions as appeared to be deranged, the most successful plan. The general sense of the Society appeared to be in favour of the mode of treatment recommended by Rollo. Dr. Ayre adhered to his opinion, that the depletive plan of Watt, was superior—and especially local depletion, from the neighbourhood of the kidneys. It appeared, indeed, that, in the case detailed by Dr. Ayre, even admitting that the result was not conclusive, the cupping on the loins always gave temporary relief. This the patient himself acknowledged to Dr. Barry, though he got tired, he said, of the plan, as the relief was transient.

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### 5. SURGICAL CURRICULUM.

In our last Fasciculus we intimated our intention of examining seriatim, the different items in the recent curriculum of

* This discrepancy was afterwards satisfactorily explained.—*Ed.*

the College of Surgeons. Entertaining, as we do, the greatest respect, and even friendship, for several individual members of the Council, and knowing that many of them are anxious to do every thing that is liberal and conducive to the public good, we cannot but hope that the observations of those who must be disinterested on the subject will be taken in good part, and not attributed to sinister motives, or a disposition to hypercritical censure. In our remarks, we shall appeal entirely to the judgment, and not to the prejudices, of all concerned. In the present instance, we shall limit our inquiry to the first clause of the curriculum.

1. "THE ONLY SCHOOLS OF ANATOMY AND PHYSIOLOGY RECOGNIZED, ARE, LONDON, DUBLIN, EDINBURGH, GLASGOW, AND ABERDEEN."

We should have thought that the liberal opinions lately introduced by many—indeed we might say by all, the most talented and enlightened men of the age, in respect to free trade, and international reciprocities of interest, would have operated on the minds of men of science and literature, and that *they* would not have enlisted themselves on the side of ignorance, narrow-minded policy, John-Bull prejudice, and downright opposition to the advancement of that science and literature, of which they are, at once, the guardians and the ornaments. And, of all branches of human knowledge, that of medicine and surgery should surely be the most entirely emancipated from local, or even national restrictions, seeing that it is the same in kind, on every point of this great globe which we inhabit. We have no objection to that patriotism which aims at raising the character and acquirements of one nation over those of other nations. This is laudable, and tends to useful emulation among all. But we most decidedly object to that principle which limits or impedes the *means* of acquiring that knowledge which raises the character of individuals, and consequently of nations. What would be thought of the Russian Autocrat, if he threw every kind of impediment in the way of his naval, military, and medical subjects, who sought to improve themselves in ship-building, military discipline, and the practice of physic and surgery, by sojourning in Paris, London, or Vienna? We would call him a Goth, a Tartar, or a Vandal! But he has not permitted us to accuse him of such barbarism. He has encouraged every individual exertion of this kind—not only by withdrawing every obstruction, but by holding out positive rewards. Yet *we* consider all medical knowledge as limited to the soil of Britain—and instead of fostering the praiseworthy endeavours of individuals to draw professional lore from every spot where it can be procured, we issue our little injunctions against all science that is not taught on half a dozen points or dots on the surface of the British Isles! How is this reconcileable with sound sense? How does it quadrate with a maxim as old or older than the Christian æra—"fas est et ab hoste *doceri*." When we reflect on the liberality, the enlightened policy of the great medical schools of Europe, where English study is allowed to form part of the curriculum, we blush for the institutions of our own country, which enact statutes that would do no credit to the intellects of a Cossack, an Otaheitian, or Canadian! We know, indeed, that there are men, connected with our chartered bodies, who have the effrontery to stand up, even in our medical societies, and whine forth, with methodistical cadences, their little interested orations about the excellence of medical jurisprudence in this country, and the complete superiority of British *pathology* over that of every other people in Europe. They are aware that this flattering unction will gain the smile of the moment, from those who are engaged in the same line of policy as themselves; but, as long as our hand can wield the pen, we will bring this "mentis gratissimus error," before the bar of public reason, for adjudication.

What is the collegiate excuse for this restriction of anatomical and pathological study to certain schools in this country? The old corn-law policy. Favour the English farmer. Protect the farmers of anatomy and surgery in Guy's and Bartholomew's, although the consumers, the students, may pay twelve or fifteen guineas for each body, and consequently may be half-starved during each season! But why do the anatomical farmers import their wine from the Bordelais, when grapes are seen mantling on the walls of their

country-houses? Because the vine grows plentifully in the fields there, and can only be trained on the sunny sides of their houses here. It is the same with anatomy. The dear and scanty supply in our dissecting rooms must be put up with, and preferred to, the cheap and plentiful supply in Paris—and all this for the encouragement of the British anatomical farmer! The illiberality of this policy is undeniable, and what are the advantages, after all, which the monopolists can hope to gain by it? There is not one in one hundred of English students who has the means of travelling to other countries for anatomical, pathological, or clinical improvement. Yet to deter this one in two or three hundred, from prosecuting a portion of his studies in those places which are peculiarly favourable, the council of the College has enacted a law which must be viewed by every enlightened man in Europe as a libel on the English profession! The sting of this libel, too, is rendered the more galling, when we see such a place as Aberdeen "recognized," while Paris is "incognizable!" Was it possible that the members of the Council could preserve their gravity when they put their seal to this primary and fundamental law? What reason has been assigned for giving the prerogative to Aberdeen, in preference to twenty other and better places? Because, forsooth, there is an anatomical CHAIR in Aberdeen! Why so there is in Oxford and Cambridge, and yet we do not see these "venerable seats of learning," recognized by the College. Now anatomy and pathology may be *taught* by a chair or by any other wooden machine—but it can only be *learnt* by dissection. Dissection cannot be performed without bodies—and bodies cannot be procured, except where there is an abundant population and consequent mortality. If these be axioms, and we believe they are, the statute which recognizes Aberdeen, as a school of anatomy and physiology, and rejects Manchester, Liverpool, and other great provincial cities and towns, where hospitals abound, bodies can be procured, and excellent anatomists reside—is a blot on the justice and common sense of the country. The sooner the College revise and amend this first item in their curriculum, the better. It would be only decency as well as liberality to admit one year, at least, of Parisian or other continental time in the curriculum—it would be good policy, inasmuch as it would hold out some little encouragement for young men to extend their knowledge and expand their minds, by visiting the institutions of foreign countries, where clinical practice is open to strangers, and anatomy can be prosecuted at a very trifling expense, instead of binding them down to study anatomy, where dissection is either impracticable for want of subjects, or ruinous by the expense of them. So much for the first count in the indictment. We shall discuss the other counts in succeeding fasciculi of this Journal.

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## 6. INGUINAL ANEURISM—EXTERNAL ILIAC ARTERY TIED. By MR. BRODIE.

It is well known how very successful the operation of tying the external iliac has proved in the hands of surgeons, both in this country and abroad. It is to Mr. Abernethy that we are indebted for it, and really the history of the successive attempts made by that gentlemen reflects the highest credit upon his firmness and abilities. At the time Mr. Hodgson's valuable Treatise on Aneurism was first published, namely, in 1815, twenty-two cases had occurred, of which fifteen had proved successful. Since that period the operation has been frequently repeated, and, upon the whole, with great success, so much indeed, that it has been proposed to have recourse to it in popliteal aneurism, a plan which is not very likely to be put in practice, or, if put in practice, to be of service.

The subject of the present case, which we had an opportunity of witnessing, and shall detail very briefly, was a tailor, æt. 38, who had been exposed to damp and cold in White-Cross Prison, and had suffered a great deal of anxiety on account of his family. In November last, whilst having connexion with his wife, he felt as if something had given way in the left groin, and soon afterwards noticed a small throbbing tumour in the part. It increased gradually for a fortnight, then remained stationary until the latter end of January, when it again began to swell, and the limb became œdematous. When admitted into St. George's, February

15th, the aneurismal tumour was large, apparently extending the whole length of the common femoral artery; rather triangular in form, occupying the triangular space between the sartorius and pectinæus; reducible, but not *removeable* by pressure; bounded abruptly above by Poupart's ligament; and pulsating very forcibly. Pressure upon the external iliac arrested the pulsation, and diminished the tumour, whilst pressure on the superficial femoral below* *lessened* the pulsation, but had little or no effect upon the tumour. The whole limb was swollen and tense, the foot œdematous and numb. There was much pain in the direction of the external branches of the crural nerve; the countenance was sallow and anxious; the appetite indifferent; tongue red; bowels costive; pulse quick and hard. Under these circumstances, he was placed in bed, bled once or twice, and purged, until the 21st, when, being in a more favourable state for the operation, and rather anxious for its performance, the external iliac was tied by Mr. Brodie. We were present at the operation, and must say that it was performed with a great deal of coolness and facility. The plan adopted, was that of Mr. Abernethy's, with some little modifications, and the artery was readily discovered and secured, but, in consequence of the vessel having contracted some adhesions to the surrounding parts, care was required in passing the ligature around it. A thin silk thread was employed, one end cut rather short, and the other brought out at the external wound, which was brought together by sutures and adhesive straps. In the evening, the pulse had got up a little, and at 12 P.M. next day, he was labouring under the following symptoms. Countenance anxious—breathing hurried and difficult—pain in the right side, increased on making a deep inspiration, speaking loud, or coughing—pulse corded and full—surface covered with perspiration—tongue white and thickly coated—thirst—confined bowels. He was bled to oz. xviij. with the effect of relieving the pain and diminishing the anxiety of countenance. He was likewise directed to to take a senna draught every six hours until it operated. From this time no unfavourable symptoms had occurred up to the 28th, when we saw the patient. He still laboured under some cough, but it was unattended with pain in the side, or hardness of pulse. The countenance had lost the anxiety which marked it prior to the performance of the operation—the pain in the thigh had entirely disappeared—the swelling of the limb was subsiding, and the wound was going on very favourably. It may be mentioned, that on drawing the ligature, the pulsation in the tumour ceased, and never afterwards returned, but the tumour did not very materially diminish in size at the time. Since that, however, it has gone on steadily decreasing and a pulsation is distinguishable in the superficial femoral, as well as in another branch on the inside of the knee, probably the anastomotica magna.

It will be observed that Mr. Brodie adopted Mr. Abernethy's mode of operating, in preference to Sir Astley Cooper's. In a clinical lecture on the case, Mr. B. assigned as a reason, that he had twice done the former with success, and therefore was more *au fait* at it, and that as he had reason to believe the lower portion of the external iliac implicated in the disease, he naturally adopted that mode of operating, which would enable him to arrive at the upper portion of the artery. There is another disadvantage attending Sir A. Cooper's method (viz. a semi-circular incision carried almost transversely beneath the internal ring) which is this, that there is a danger of wounding the epigastric artery. This accident happened to no less a personage than the French "Leviathan of Surgery" M. Dupuytren, in 1821, and the patient died of peritoneal inflammation. These were some of the reasons assigned by Mr. B. for operating as he did, but there was yet one more, and that a forcible one. In the low, or Sir A. Cooper's, operation, the ligature is applied just above the giving off of the epigastric and circumflexa ilii, and the consequence is, that the plug may be so

* Mr. Hodgson, in his Treatise, asserts that pressure on the artery *below* renders the tumour more tense, and the pulsation more *violent*; indeed, he recommends this as a diagnostic of aneurism. From this report, for the correctness of which we pledge ourselves, it is evident that Mr. Hodgson made too sweeping a statement.

inconsiderable between the ligature and these vessels, as to afford no sufficient security against secondary hæmorrhage. This is no visionary objection, for in a case in which M. Dupuytren tied the vessel at this situation, in the Hôtel Dieu, the patient nearly sank under secondary hæmorrhage evidently proceeding from the lower portion of the artery. On examination, M. D. perceived the epigastric to have become enormously enlarged, and to have brought the blood round almost to the verge of the ligature, on the separation of which, the adhesion between the inner coats of the vessel gave way, and bleeding was the result. In another instance, Sir A. Cooper tied the *femoral* artery, immediately *below* the origin of these branches, the epigastric and circumflexa ilii, and in that case also secondary hæmorrhage followed. The same thing, we believe, happened to Mr. Cline; and in the case at St. George's Hospital, upon which so much valuable indignation has been lately thrown away, the ligature is said to have been applied a little below the giving off of the profunda, and it is not unreasonable to conclude that this circumstance favoured, if it did not actually occasion, the occurrence of the secondary hæmorrhage.

In the report it will be observed, that the subsidence of the tumour did not immediately follow the application of the ligature, and this, we believe, is always the case in what Scarpa calls "false aneurism." In the "true aneurism," which is merely a dilatation of the vessel, and which if let alone, will very often remain stationary for a considerable length of time, or even during the patient's life, if it be an old person, the contrary is the case, the tumour generally collapsing remarkably after tying the vessel. This, we apprehend, will afford a key to several circumstances connected with some of those operations on the arteries, which have lately astonished the surgical world.

The bleeding practised in this case on the day after the operation, was bold and decisive, and was, in all probability, the means of saving the patient's life. The pleuritic affection with which he was attacked was insidious, but not the less dangerous, and had it not been "put out" at once, as it was by the decisive bloodletting, it might soon have proved more than a match for the lancet, or any other remedy. These inflammations of the pleura, all know, are not uncommon after severe injuries or operations, and in the case of ligature of the carotid, recorded in our third fasciculus, it carried off the patient in a very days.

We see nothing in the details of the case which would lead to an unfavourable prognosis. The ligature is yet to come away, but there is no good reason, which we are aware of, to apprehend secondary hæmorrage on its separation. However, as the French say—nous verrons.

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### 7. WOUND OF THE KNEE—EXTENSIVE SUPPURATION—AMPUTATION OF THE LIMB.*

This case occured under Mr. Travers, and, as far as we can understand it, (which, from the manner in which it is drawn up, is no very easy matter) the particulars are as follow.

The patient, æt. 52, of "*lax fibre*" and intemperate habits, received a lacerated wound over the patella, denuding the bone, but not opening into the knee-joint. This was on the 23rd, and on the 26th Dec. the wound was granulating, and all was well, save that at the lower part of the patella, there was "a dark coloured slough, the size of a shilling, *partially* adherent." He was ordered quinine, porter, and diluted nitric acid lotion to the part, and the next date of report is Jan. 30th, upwards of a month. At this time the slough had *partially* separated, so that it must have been almost in *statu quo;* the bone was exposed; there was severe pain in the joint, and on pressing the side of the wound, fetid pus escaped. Pulse small and quick—bowels costive. Wine and opium were administered, but an opening formed on the outer side of the joint, leading into its cavity, and discharging a quantity of dark-coloured, offensive pus, and on the 5th Feb. the leg and foot were œdematous—the integuments inflamed and painful—discharge from the joint profuse—and the pulse small, weak, and innumerably rapid. These symptoms are noted down with the most careful ambiguity, but still they seem to

* Lancet, No. 234.

furnish an idea, faint and glimmering we own, of the characters of an affection, termed by nosologists erysipelas; at any rate, if the œdema, and inflammation of the *integuments* did not depend on erysipelas, we confess that we are totally unable to divine what they *did* depend upon. Under these circumstances, amputation of the thigh was proposed, and performed by Mr. Travers, at its middle, in consequence of the "cutaneous inflammation" having extended to its lower part. On examining the amputated limb, the leg and foot were found enormously enlarged,—a large gangrenous patch, surrounded by a livid redness, occupied the calf, and there were several vesicles at the upper part of the leg. On making an incision into the limb, a mixture of *pus* and serum, escaped from the subcutaneous cellular tissue, as well as from that connecting the various muscles. The joint contained much offensive pus—its synovial membrane was highly inflamed—its cartilages softened, and in one part ulcerated, and the patella was softened, and "partially detached." The patient, on the second day after the operation, became delirious —there was pain in, and profuse discharge from the stump, which was of a dirty ash-colour, and, on the morning of the 11th, he sank.

This report is so confused, and the language so unlike what is commonly known as the King's English, that we cannot be at all sure of the exact nature of the case;—as far, however, as we can judge, it appears to have been an attack of "gangrenous erysipelas" occurring, as that terrible disease generally does occur, in a person of weakened frame, and intemperate habits. Whether the suppuration within the joint, preceded, accompanied, or succeeded the erysipelatous inflammation, is not particularly clear, but, whichever was the case, it is obvious that amputation was, indeed, a *dernier resort*, and, moreover, a very hopeless one.

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8. CURIOUS SPECIMEN OF RATIOCINATION.

The Profession is well aware that the Lancet has plumed itself for the illumination which it has been able to throw on the non-professional public, and on the jury in Mr. Stanley's case, by which the said non-professional public are taught to place no reliance whatever on the professional skill or veracity of a Cooper, a Brodie, a Bell, a Travers, an Abernethy, &c. By proving that such men are ignorant, the Lancet sagaciously concludes that the public will, at once, decide that surgeons in general are infallible—that, in fact, the detection of an error in the *former* class will for ever absolve the *latter* from all suspicion of such weakness!

"As to the *effect* (says the Lancet) produced by this trial on the minds of the public, it is decidedly favourable to the great body of the Profession. It is calculated to raise the great mass of English surgeons, *absurdly* denominated GENERAL PRACTITIONERS, in public estimation."*

This specimen of reasoning has no parallel in the annals of medical literature! Those men who have arrived at universal eminence in their profession—by whom a great portion of the Profession has been taught—whose opinions are sought after and respected, both by medical men and by the public at large—these men, we say, are to be held up to ridicule, as totally ignorant—and, as a natural corollary, all those who have derived their opinions and practical precepts from these men, must rise in public estimation! One would really suppose that the Lancet considers its readers as totally incapable of a single exertion of

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* We would ask the Lancet where is the absurdity, or the degradation of the term "GENERAL PRACTITIONER?" It is that under which Hippocrates, and some of the most eminent in our profession have practised. It supposes a general acquaintance with all branches of the Profession—and without which acquaintance, no surgeon, no physician can be a good practitioner. This sentence of the Lancet is the greatest libel ever penned against the "GENERAL PRACTITIONER." The Lancet is for ever running out against "pure surgeons," and now it turns round and ridicules the term "GENERAL PRACTITIONER," by which it must advise the change to "*pure* surgery;" such as it is practised by Thomas Wakley, William Lawrence, and James Wardrop.

thought—as completely devoid of every particle of intellect! The conclusion which the PUBLIC must draw from all this (as far as the public can be influenced by such a tool as the Lancet) is this—that we are, one and all, from the highest to the lowest in the Profession, a set of block-heads—ignorant of our art—and leagued to screen each other when detected! Among practitioners, we have not heard a single dissentient voice as to this *effect* which the writings of the Lancet are calculated to produce. But we shall come a little closer to the point, and prove to a demonstration, the inconsequences of the Lancet's reasoning. This instrument; this "scarificator," in its rage to excoriate an hospital surgeon, has trod under foot and traduced three GENERAL PRACTITIONERS—and then, with unparalleled effrontery, tells these last, that the whole procedure is decidedly favourable to that class of the profession to which they belong! First there was Mr. Jarman, who saw Mr. Rolfe immediately after the accident—who washed away the gravel—who found a "hard moveable substance in the interior, lying about an inch from the knee-pan"—who attended the patient home, helped Mr. Stanley to examine the limb, and applied himself the splints.

Now we do not attach the slightest blame to Mr. Jarman for not discovering the true nature of the accident—but, in the name of justice, is he not as much responsible for the mistake as Mr. Stanley—must not all censures levelled by the Lancet against the one, fall equally on the other, in the minds of the public? Then, again, there was Mr. Janet, whom we happen to know, and who is an experienced and able general practitioner. He attended with Mr. Stanley—but he could not ascertain the precise nature of the hard substance near the patella, and he, too, is included in the sweeping accusations brought against the hospital surgeon. We now come to Mr. Lilly. This gentleman candidly acknowledged in court, that, after several examinations—"he felt the hard substance, and thought it was bone."—*Lancet, No.* 234, *p.* 746. It is true that Mr. Lilly discovered his mistake, when the flint perforated the skin, and displayed its real character; but surely there was nothing in this to ground a contrast between his judgment and that of Mr. Stanley. Thus, then, we see three GENERAL PRACTITIONERS, and one HOSPITAL SURGEON, all involved in one general charge of ignorance or incapacity, (for where all were concerned in the case, and neither of them discovered the stone till it partly came through the skin, all are necessarily included in the accusation, whether ill or well founded) and yet this instrument of justice insults the understandings of its readers, by asserting that, in damning one out of the four, the other three must be benefited!

An impartial examination of the evidence, then, as well of the general practitioners who actually saw the case, as the distinguished surgeons who heard of it, leads us to infer, that the obscurity of the accident would have prevented the generality of surgeons, of whatever denomination, from ascertaining, with any degree of certainty, the true nature of the case, before the flint made its way through the skin.* Two of the medical attendants (Mr. Stanley and Mr. Janet) we know personally and professionally; and, at the risk of another action for libel, we declare our firm conviction, that they are not inferior to that celebrated, experienced, and successful surgeon, THOMAS WAKLEY himself, by whose advice, in opposition to that of Sir Astley Cooper, Mr. Lambert performed his renowned operation, now making the tour of Europe, and which enabled the said Mr. Lambert (ultimately) to remove, without pain or hæmorrhage, several inches of a troublesome and misshapen carotid, as thousands of passengers along the Strand can verify by oath. We have now, we think, proved, to a demonstration, that the attempt to draw public odium on Mr. Stanley, must in-

* Had we been called on for an opinion upon oath, the above is that which we would have given. A mistake was made by all concerned in this case, as the event shewed—and the probability is, that the same mistake would have been made by others—even by those who so loudly cry out shame! We neither censure nor applaud the evidence given by the hospital surgeons on this trial—we only state what we would ourselves have offered. It is probable that a more moderate and diffident tone in the witnesses would have been better for the defendant.

evitably draw public odium on all classes of the profession, not even exempting that class which has the misfortune of being selected by the most scurrilous publication that ever issued from the press, as the peculiar object of its mean sycophancy and nauseating adulation. That class stands not in need of such an advocate as the Lancet—whose censure is applause—whose praise is poison!

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## VARIETIES.

### 1. AMMONIACAL SULPHATE OF COPPER IN EPILEPSY.

In a late Number of Hufeland's Journal, Dr. Urban, of Bernstadt, has published some cases of epilepsy, cured by the above medicine, which, indeed, is not a new remedy. It is to be remembered, however, that Dr. Urban confines this treatment to those who evince no corporeal lesion, as the cause of the disease, and that he puts his patients on a very strict regimen, employing proper evacuations, sanguineous and intestinal, from time to time. These means are, perhaps, not merely auxiliaries, but principals in the methodus medendi.

### 2. MURIATE OF IRON IN SOFTENING OF THE STOMACHS OF CHILDREN.

Dr. Pommer having lost two children affected with vomiting and purging, found, on examination, that the mucous membrane of the stomach was in a state of ramollissement, or softening. He accordingly treated some other infants similarly affected, with the hydrochlorate of iron, and saved them. He was induced to employ this remedy from the recommendation of Professor Autenrieth, who found it very efficacious in arresting the distressing diarrhœas that accompany or supervene on typhus and other bad fevers. We observe, however, that Dr. Pommer has conjoined other means which may have borne a considerable share in the cure. Thus, when the vomiting and purging were severe, he abstracted almost every kind of food and drink, except a few spoonfuls of warm milk twice a day. There being fever present, he applied cold to the head—sinapisms to the legs, and cataplasms to the stomach. After these means, or with them, he employed the hydro-chlorate of iron, and the children recovered. Some cases are detailed in the Heidelberg Annals, which appear to shew the utility of the medicine.

### 3. LIGATURE OF ARTERIES ULTRA TUMORES.

In the ARCHIVES GENERALES for November last, there is given an account of the wonderful success of these operations in this country,—among others Mr. Lambert's case, which is introduced to our Continental brethren in the following terms:—"L'example de WARDROP a été suivi *avec beaucoup de succés*, dans un autre cas d'anevrysme, par le DOCTEUR JAMES LAMBERT." Mr. Lambert's case finishes, in the continental records, most successfully. "La tumeur finit aussi par disparaitre, &c." In the German Journals, all these cases have been published as attended with the most happy results, and German surgeons are called upon to imitate the wonderful exploits of their English brethren! There was a saying, in the olden time, "omnia vincit VERITAS, et prevalebit." We begin to think that the ancients were entirely mistaken, and that the adage should have run thus: "omnia vincit MENDACIUM, et prevalebit." There was a golden age—and there was an iron age—the present appears to be the age of BRASS.

### 4. FATAL HÆMORRHAGE FROM LEECH-BITES.

M. Lisfranc has lately related a case in the Royal Academy of Medicine, which occurred at LA PITIÉ. A female was received into the Hospital with an ulcer, and some symptoms of gastric inflammation. Thirty leeches were applied to the epigastrium, which bled moderately, and then stopped. Three days afterwards the leech-bites opened again, in the middle of the night, and the patient was found dead the next morning, from the profuseness of the hæmorrhage.

# Periscope;

OR,

## CIRCUMSPECTIVE REVIEW.

" Ore trahit quodcunque potest, atque addit acervo."

[22d MARCH, 1828.]

### HOSPITAL PRACTICE.

#### 1. GLASGOW ROYAL INFIRMARY.

Spinal Disease.

Mr. Auchincloss, Surgeon to the Glasgow Royal Infirmary, has published a case in the first number of our Glasgow cotemporary, which he considers to be valuable, as tending to confirm the opinion first suggested by Mr. Brodie, regarding the difference in the nature and treatment of ulceration confined to the *intervertebral* substance—and ulceration affecting the *cancellous structure* of the bone. The following case is offered in illustration.

*Case.* " 7th Sept. James Graham, by trade a gardener, aged forty-five, of rather a spare habit, though healthy, met with an accident five weeks ago, the nature of which was as follows:—While standing on a bench, four feet high, with his arms extended in the act of pulling fruit from a tree, he happened to lose his balance, when, to support himself, he caught hold of one of the branches. After swinging a few seconds, the branch broke, and he alighted perpendicularly on the ground, a height of about two and a half feet. He felt little uneasiness at the time of the fall, which occurred at three o'clock, P. M. and, accordingly, continued at his employment during the remainder of working hours. Since the following morning, he has complained of a sense of tightness around the lower part of the chest, with pain in the right hypochondrium, particularly aggravated by motion, though not in the least impeding full inspiration. Pulse 76, weak; bowels moderate; other functions natural. Was bled from the arm three different times by a medical gentleman, whose advice he requested at the time; and has had two blisters applied to the region of the liver, but without producing any good effect.

" The impression on my mind, from a very cursory examination of his ailments on first seeing him, was, that the liver, or muscles in its vicinity and about the back, had sustained some degree of straining by the fall. He was again blistered and otherwise treated as for simple injury of those parts, during the first fortnight. On one occasion, he experienced much relief from cupping near the spine on the right side, but was in no other respect benefited by the treatment.

" The symptoms of his complaint had become now much more apparent, and, on a more careful inquiry being made, were found to be connected with slight curvature of the sixth, seventh, and eighth dorsal vertebræ. The convexity of the curve was turned outwards, and he seemed to suffer but little uneasiness in the part when firmly pressed upon. The following symptoms were then noticed:—Numbness of the lower extremities, with much bodily weakness and inability to sit, for even a few minutes, in the erect posture; scanty secretion of urine, costiveness, and some swelling of the abdomen; constriction and pain around the lower part of the thorax, most acute on the right side; loss of appetite, thirst, and a weak accelerated pulse.

" On the following day, the caustic potash was applied on each side of the protuberance, but without occasioning relief at the time, or on the sloughs separating, four days after. He became daily weaker, and expired on the 21st of October, exactly eleven weeks and two days from the date of his falling from the tree. For some time previous to death, his belly

was tympanitic and swollen to a great size; and he was much troubled with feelings of numbness in the left shoulder.

"*Inspection.*—The pleuræ were extensively adherent on both sides. The lungs, with the exception of the posterior part of the right, which was collapsed, exhibited their natural appearance and structure. There was an abscess, containing about five ounces of curdy-looking purulent matter, in the posterior mediastinum. This was situated in front of the sixth, seventh, and eighth dorsal vertebræ, and encroached considerably on the right side of the chest. The body of the seventh vertebra was almost wholly destroyed by ulceration; but this had proceeded much farther on the right than the left side. The bodies of the other two vertebræ were also partially absorbed. In no part, however, had the disease extended to any of the intervertebral cartilages, all of which remained in an entire state. Notwithstanding the extent of destruction, the osseous structure both of the diseased vertebræ and of those in the neighbourhood, was of its natural hardness and colour. The liver was healthy, as also the other abdominal viscera."

There are very few cases of this kind on record. Mr. Brodie has offered two, in his treatise on diseases of the joints.

"In treating of this disease, with the view of distinguishing it from a similar affection originating in the intervertebral substance, Mr. Brodie regrets that there should exist no better criterion than the following, to direct us in our judgment. In ulceration confined to the cartilage, he remarks, the patient is benefited almost immediately on the issues being made, or, at least, feels himself uniformly easier after each application of the caustic; but this does not take place in the other species, for in it issues of every sort constantly fail in affording even the slightest relief. Moreover, he supposes that the form of disease which begins in the substance of the bone, is generally rapid in its progress, being more immediately followed by suppuration than that which commences in the intervertebral substance; and that, in consequence, destruction of the contiguous vertebræ takes place to a much greater extent in the one species of disease than in the other. 'But farther than this,' says that excellent surgeon, 'nothing which I have hitherto observed enables me to point out any other circumstances, in which the symptoms of these different diseases differ.'

"It affords me much pleasure to be able thus far to bear testimony to the truth of Mr. Brodie's statements, respecting the diagnosis of these two affections. From a knowledge of the facts adduced by him, and to which I have now referred, I was enabled, in the present instance, to form an opinion as to the true nature of the disease, which was afterwards fully justified by the dissection. The case certainly affords a very striking illustration of the great rapidity of the disease, and of the utter inefficiency of caustic issues as a means of cure."

### CASE OF COMPOUND FRACTURE.*

A great improvement has been effected of late in the treatment of compound fractures in this Infirmary by Dr. Young, in consequence of the continuation of the dressings, the method of treatment recommended by Baron Larrey.

John Durrough, æt. 32, labourer, was admitted into the Infirmary, July 16th, 1827, under the care of Dr. Young, having received a few hours previously a compound fracture of the left leg, and inferior maxillary bone. Inferior extremity of tibia is fractured transversely, about an inch above ancle joint—fibula is fractured obliquely immediately above malleolus—ancle joint is laid open on its outside anterior and posterior to extensor tendons, the ligaments on inside of joint are not injured. There is a wound of the integuments, extending from external malleolus, obliquely upwards and backwards, and continued round to inner malleolus, communicating with a wound which had been inflicted on the inside of ancle. Along the outside of joint there are many bony particles, which have been detached from the extremities of tibia and fibula. The ancle joint is but very slightly displaced, and the large arteries and all the tendons around the joint have escaped and are covered by the fascia. Lower jaw is fractured obliquely a little to right

* Mr. Plymsoll's Clinical Reports. Glasgow Infirmary.

side of symphysis—there is great tendency to displacement, as the fractured extremities separate from each other, except when the mouth is kept open. Under chin there is a wound an inch long, which communicates with fracture. A consultation was immediately held on this case, and from the extensive and complicated nature of the injury and its proximity to the joint, and the joint itself having been involved, immediate amputation of the limb was determined on. The patient, however, would not undergo the operation. Pledgets of oiled caddis were applied to wounds, and retained by adhesive plaster, and the leg was then put up in splints. 27*th*, Splints and dressings have been removed to day. For the first time wounds have a healthy granulating appearance, with a little healthy pus on them. No redness, pain or tension of surrounding integuments—splints and dressings continued. August 2*nd*, Splints and dressings have been again removed—wounds continue to improve—limb can be freely moved about for the application of bandages. 23*rd*, Has had rigors—erysipelatous redness on fore-part of ancle, and absorbent vessels about knee joint are inflamed—leeches were applied with great effect—and pain and fever have diminished. Scarcely any constitutional derangement occurred subsequently. September 10*th*, Wound at outer ancle healing rapidly—that at inner ancle has cicatrized—bones have re-united—straps and bandage. October 6*th*, Dismissed cured.

*Case of Ununited Fracture cured by Pressure.*

Daniel M'Vey, æt. 44, porter, was admitted September 21st, 1827, under the care of Dr. Maclachlan. He had a few hours previously, whilst in a state of intoxication, come in contact with the leader of a stage-coach which was driving on rapidly, by which he was thrown down, and the coach passed over him, inflicting an oblique fracture of the left humerus. There was a good deal of swelling around the fracture, and the broken ends of the bone rode to a considerable extent. The arm was put in splints, which were removed at the usual time, but no union had taken place. The splints were reapplied, but still without effect. Dr. Machlachlan having retired from the hospital, the case was consigned to the charge of Dr. Anderson, who had recourse to pressure. Linen compresses were laid over the fractured ends of the bone, and splints and bandages were afterwards applied. A decided improvement was successively observed, in the course of the subsequent examinations, and by the 1st of January, 1828, the cure was complete.

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2. BARTHOLOMEW'S HOSPITAL.

ERYSIPELAS TREATED BY INCISIONS.

Two cases, treated in this way, have lately been reported in the MEDICAL and PHYSICAL JOURNAL, from Bartholomew's Hospital, one of which is said to have been lost by subsequent hæmorrhage, in consequence of the neglect of the nurse. The first case was that of a man, aged 70 years, who came under the care of Mr. Lawrence, for phlegmonous erysipelas of the right leg and thigh, extending to the groin. Three incisions were made—one in the thigh, two inches long—another, three inches long in the calf of the leg—and a third, smaller than either, just below the last. Much purulent matter escaped, and large sloughs were discharged from the wounds, without much hæmorrhage, and with decided relief. In the night, however, the man appeared to be dying; but was recruited by ammonia, brandy, and other stimulants. He recovered.

In this case, it appears that Mr. Lawrence had recourse to incisions "by instalments," which he so much ridiculed in the practice of others.

*Case* 2. An old man came into Bartholomew's in the beginning of January, with erysipelatous inflammation of the leg and foot, succeeding a blow. The usual treatment not appearing to produce benefit, Mr. L. made an incision, about two inches long, "across the back of the foot," and as there was but little bleeding at the time, it was encouraged by fomentations and a poultice. It appears that hæmorrhage soon afterwards came on, and the nurse took no notice of it till nearly a quart of blood was lost! The house-surgeon was then summoned, and had great difficulty in stopping the bleeding. From this time, the patient, though rallying a little occasionally, gradually

fell back, and died nine or ten days afterwards.

We would not say positively, that this man died in consequence of the hæmorrhage, seeing that the patient was old—that the disease in such subjects, is generally hazardous—and that the man lived nine or ten days after the hæmorrhage. The neglect, of course, falls on the nurse—but we cannot help wondering that the incision should have been made "*across* the back of the foot," as surgeons generally prefer to make wounds in the direction of vessels, nerves, and tendons, rather than across them. Perhaps the report is inaccurate, or there was some specific reason for the mode of incision, which is not stated. The case shews that, after incisions in erysipelatous parts, the most rigid instructions should be given to the house-surgeon, and the case never left to the sole charge of a nurse.

### AXILLARY ANEURISM.

In No. 286 of the Lancet, there is but one report from all the London hospitals, but like the single fault of poor Hickey, the attorney in Goldsmith, "that *one* is a thumper." It occupies no less than seven dull columns of close print, and the unfortunate readers may well exclaim with the frogs in Æsop, "ah! Mr. Reporter, this may be sport for you, but it is death to us!" As we are not paid by the yard, we shall make somewhat shorter work of it than the Lancet, and indeed we notice the thing more for the sake of what fell from Mr. Lawrence, than for any great interest in the case itself.

J. L. æt. 39, a very muscular man, received a blow on the shoulder, which was followed by pain, and numbness in the arm. In the course of three or four months the limb began to swell, and about a month or so, prior to his admission, he noticed a swelling and beating about the right shoulder, attended with excessive pain. He was first treated for rheumatism, and subsequently bled and leeched.

He entered Bartholomew's on the 7th Sept. under the care of Mr. Lawrence, with an imperfectly circumscribed elastic swelling, "possessing all the characters of an aneurism," its upper edge being felt about two inches above the internal end of the clavicle, and "its lower boundary, where the three upper ribs are closely involved, being nearly indefinite." There was no discolouration of the skin, but the veins were distended; pulsation very powerful in the upper part of the tumour, not perceptible in the lower; limb swollen; little or no pulse at the wrist of that side; much pain on the inner side of the arm, and numbness of the fingers; voice, respiration, &c. natural; pulse of the radial artery 70, firm, and full. He was ordered to be kept quiet, purged, and digitalis was administered. He was bled, also at intervals, and went on, sometimes better and sometimes worse, until the latter end of November, when the pulsation in the tumour became less distinct, and soon altogether ceased—the tumour became stationary and firmer—pulse at the radial artery, which had increased, was less distinct—and the pain and swelling of the limb were so far diminished that he could move it more freely, and grasp more firmly. Previous to this, the stethoscope had been applied, but no disease of the heart, or its large vessels within the thorax could be detected. The amendment went on "progressing" until the month of January, 1828, when he began to be affected with slight cough and irritation about the trachea, and on the 15th, the tumour suddenly and rapidly increased; the arm swelled, and the cough was very troublesome. In spite of bleeding and the application of cold, the disease increased; the tumour acquired an immense size; a slough formed over the scapula; he was forced to swallow drachm doses of laudanum to procure sleep, and on the 9th of February, death put an end to the poor fellow's tortures.

SECTIO CADAVERIS. This is detailed, like the case, with great prolixity; suffice it to say that the aneurism was of enormous size, reaching from the sternum to the inferior angle of the scapula, and containing three pints of recently coagulated blood, with a little fibrine adhering to its sides. These were made up at the upper portion, of the proper arterial coats with little adherent coagulum, and below, of the surrounding textures, muscles, bone, &c. lined with a coagulum, not exceeding half an inch in depth at the thickest. The upper rib was rough and partially absorbed, the second denuded,

and the aneurismal sac extended between the two into the chest, distending the intercostal muscles, thickening the pleura, and, at its convexity, adhering to the lung. The sac originated from the axillary artery, an inch below the origin of the subclavial branches, an interval of five inches remaining between the upper and lower orifices of the artery. The latter was about one inch above the giving off of the sub-scapular. The axillary plexus of nerves was involved in the disease, and some of the nervous chords flattened like tapes, but there was no disease of the heart or great vessels.

Mr. Lawrence considered that the extension of the tumour above the clavicle, precluded the ligature of the subclavian beyond the scalenus anticus muscle. The only chance, according to Mr. L. would have been the operation on the innominata, but "there is little encouragement to perform this operation, and the chance of saving life, is probably no greater than what is derived from the hope of a spontaneous cure." "The artery might have been tied beyond the tumour. The ligature, in that case, must have been placed beyond the origin of the infra-scapular, and circumflex arteries. Mr. Lawrence observed, *that we have hitherto no direct facts in favour of such a proceeding; and that, in his opinion, the probabilities were strongly against the attempt.*"

In this sentiment of Mr. Lawrence we entirely agree. We have stated, again and again, that almost the only artery to which Mr. Wardrop's operation (as it is most absurdly termed) is applicable, is the carotid, because that vessel gives off no branches betwixt the ligature and the aneurismal sac. We are glad to find that Mr. Lawrence makes a proper estimate of the operation, and is not one of those good easy folks, who imagine that its promulgation is to constitute a kind of Hegira in surgery, and are eternally chaunting their *allah-illa-allah's* to the glory, not of the PROPHET, but of Mr. Wardrop!

P. S.—In this report, Mr. Lawrence is made to say that, no patient has hitherto recovered after ligature of the innominata. What will Dr. Valentine Mott say to this? If his statement be correct, there was a recovery from the operation, as far as the operation itself was concerned. The man died many weeks after the ligature had been applied—and after walking about the grounds of the hospital.

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### 3. NOTTINGHAM GENERAL HOSPITAL.

FEMORAL AND POPLITEAL ANEURISM—EXTERNAL ILIAC TIED.*

*Case* 1. W. S. æt. 42, after having taken a long walk, when in a bad state of health, discovered a pulsating tumour in the thigh, and soon afterwards another in the ham of the same side. Both gradually increased until about the middle of July, nearly eleven months after their first appearance, when that in the thigh became very painful, and enlarged rapidly, whilst the tumour in the ham slowly diminished, and from this time no pulsation could be felt in either. On admission into the hospital, August 24, 1824, the upper aneurism was found to extend from two inches beneath Poupart's ligament to nearly half way down the thigh; it was hard, marked with dark purple spots, and no pulsation could be discovered in it, but on applying the stethoscope, a sound like water forced through a narrow tube could be heard synchronous with the pulse at the wrist. The pulse in the artery above was weak, and none could be distinguished in the popliteal aneurism. He was kept quiet in bed, and cold applied, under which treatment both tumours materially diminished in size, and in great measure subsided. On the 17th September, however, after making some exertion, all the former symptoms returned with increased violence, and it was determined in consultation to tie the external iliac, which was done on the 22d, by Mr. W. Wright. The steps of the operation we need not stop to describe, but we may mention that on exposing the artery, two large veins were seen running obliquely over it, one of which was ruptured in passing the needle beneath the vessel. On the 25th, The wound was dressed, and found to have united above and below, but to remain open in the centre. The tumours diminished in size, and became softer, but in

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* Mr. Booth Eddison's Report, Med. Repository for March, 1828.

the commencement of October, he began to be affected with cough, and occasional palpitation at the heart. The ligature had not separated on the 10th January, *(four months and a half* after its application) and on that day it broke short in the attempt to get it away. On the 18*th* the wound had healed, and he was made an out-patient, but on 12th April, his health was bad, there was a little descent of intestine through the opening in the external oblique, and he was troubled with so much dyspnœa, palpitation and cough, that he was re-admitted into hospital, when he died suddenly on the morning of the 15th.

SECTIO CADAVERIS. The tumours in the thigh and ham were diminished in size, firm, elastic, and the former covered with a compact fascia. The external iliac was pervious from its origin to the ligature, when it was completely obliterated, and the knot and loop of the ligature, which it will be remembered had been broken short, were found by the side of the vessel, lying in a cyst, "resembling an inguinal gland." Below the ligature, *the artery was pervious to its entrance into the tumour*, which contained dark coloured, *fluid* stuff, and its parietes were livid with layers of coagulum of the same colour. The tumour was almost filled up at its posterior part, and about the entrance and exit of the artery it was firm and cartilaginous. Between this and the aneurism in the ham, which was of the size of a pullet's egg, and contained much the same sort of semi-fluid matter, the artery was thinner in its coats, but presented no other particular appearance. The cause of death was found to have been the rupture into the left side of the thorax, of a large aneurism of the arch of the aorta.

It is worthy of remark, how very long the ligature was in separation, or rather that it did not separate at all. The upper tumour, we are told, commenced about two inches below Poupart's ligament, consequently, it was in all probability confined to the superficial femoral artery. Under these circumstances, it would be satisfactory to know what prevented the operator's tying the common femoral, instead of the external iliac. Surely the former operation is much the more simple of the two, and likely, we should imagine, to be quite as effectual, for the coats of the vessel do not appear to have been more affected in the femoral than in the iliac. The operation seems not to have done very much towards the cure of the aneurism, for the artery was pervious from the ligature to the sac, through which, if we understand the report aright, there was still a passage open for the blood. The diminution of the tumours upon the patient's first admission into hospital, evidently shewed an attempt at a spontaneous cure, and it is not improbable, that had the local application of cold been persevered in, and the Valsalvan method put in force, the subsidence of the femoral aneurism would have taken place to nearly as great an extent as it did after the ligature of the iliac artery; at any rate, such would be a fair case for the trial of rigid depletion. There is a considerable advantage attending this plan, viz. that it would be adapted alike for the external and internal aneurisms, and thus be killing two birds with one stone, whereas the ligature on the external iliac, would certainly tend to aggravate the aneurism of the aorta. In the present case, the symptoms of the latter disease only made their appearance *after* the performance of the operation for the former.

*Case* 2.—*Paralysis of the left Side of the Body, from Fungus on the Dura Mater.* J. H. æt. 28, received a blow with a stick on the left side of the head. In the course of two or three days he suffered considerable pain in the part, and an abscess formed there, exposing dead bone. On the 1st of April, two months after the infliction of the injury, he was made an in-patient, under the care of Mr. Attenburrow. At this time, he was labouring under paralysis of the left arm and leg, and had had several fits, in which he was much convulsed. Some portions of the outer table of bone had been taken away, and now the whole diseased mass of the parietal bone (a very considerable portion) was removed by the trephine and Hey's saw. This operation disclosed a fungus, sprouting from the surface of the dura mater, from which membrane it was dissected off by the scalpel, the wound dressed with lint and oiled silk, and the parts kept cool by spirit lotion.

On the night of the 2nd, he had two

fits, and, on the 3d, he was in a kind of comatose state, the left arm paralyzed, the pupils dilated, and the expression wild. A blister was applied to the nucha, and he took sulphate of magnesia, and vinum ipecacuanhæ with relief to the above symptoms. On the 5th he was rather incoherent, and was bled to ℥xiv. which was repeated on the 7th; and, on the 9th, the power over the left side was gradually returning. The wound went on granulating tolerably kindly, and, on the whole, there was perceptible amendment, when, on the 18th, an erysipelatous swelling appeared upon the face. This was treated by a small blood-letting, with purgatives and antimonials, and, on the 22nd, the erysipelas had nearly disappeared. The fits, however, now returned, small portions of bone became exposed, twitching and tingling of the left arm became troublesome, and he began to be attacked with severe cough, pain in the left side, and expectoration. This carried him off on the eighth of June, the wound, at that time, not having healed, but being healthy, and the head-symptoms having disappeared for some time previously. No examination was allowed.

This case may be appended to two, somewhat similar, detailed in our last fasciculus, as well as to others, which we have quoted from the writings of Abercrombie and O'Halloran.

A case is detailed by Mr. Eddison, in which the tongue was removed, in consequence of scirrhus. Mr. Wright performed the operation, by drawing out the tongue with a hook, (the jaws being separated with a wedge) then making an incision, from the back of the induration to the tip of the tongue, and with a pair of curved scissors dividing it beyond the tumour, so that nearly the whole of the scirrhus was removed; what did remain was pared off by the scalpel. The wound healed; but symptoms of a return of the disease have unfortunately shewn themselves.

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### 4. HOSPICE GENERAL.

#### Aortic Aneurisms.

*Case.* M. D. a soldier, aged 40 years, was discharged from the service in 1814, having gone through immense fatigues in his previous campaigns. He retired to his native place, apparently in good health, with the exception of some palpitations, which he experienced after using any strong exercise, or getting into a passion. These he had felt ever since the age of 25 years. In 1824, a new train of symptoms made their appearance:—these were obstinate constipation, accompanied by pain in the left hypochondrium. The defæcation, which took place only once a week, or once a fortnight, was attended with violent straining. After this constipation had lasted about two months, the pain in the hypochondrium became much aggravated, attended with tumefaction of the abdomen, colicky pains, anxiety, shrinking of the features, vomiting, great discharges of air from the bowels and stomach, followed by temporary relief. The physician in attendance now observed a tumour in the left side of the abdomen, and, as the patient was in a state of extreme emaciation, the medical attendant, and some others who were consulted, concluded that there was a scirrhus of the colon. The patient getting worse and worse, the man entered the Hospice General. A few days previously, it was accidentally perceived that the left side of the chest was bulged out, and presented considerable pulsation—in short, there was evidently an aneurismal tumour, the existence of which had never before been suspected. Three days after entering the hospital, (June, 1825) the man suddenly expired while lying in his bed, reading a book.

*Dissection.* There was very little effusion into the abdomen. The liver, stomach, and intestines, were sound. In the left side, the spleen, kidney, and colon were displaced, and thrust forward by a considerable tumour. The left thoracic cavity contained a pint of sanguinolent fluid, and a clot of blood, weighing four pounds. The lung was sound, but pushed upwards and to the right side. In this side of the chest was seen the summit of the tumour, which was detected previously in the abdomen, with a small opening into the thorax, around which was some coagulated blood. The extravasation into the thorax had evidently come through this opening. In the right side of the chest, the lung was sound, and a small tumour was seen projecting from the descending thoracic aorta. The heart was small, and unaltered. The anterior parietes of the aorta were sound;

but, opposite the tenth dorsal vertebra, there was an opening, an inch and a half in diameter, which led into the little tumour above described in the right side, and also into the great tumour which was seen in the side of the chest and abdomen. Both were, of course, false aneurisms, the larger being, in some places, three or four inches in diameter. Part of it was above, but the greater part below, the diaphragm. The parietes of the large tumour were principally formed of condensed cellular membrane—in some places, of ribs and spine—the interior presenting various layers of fibrine, such as are generally seen in false aneurisms. Several of the vertebræ were carious, from the pressure of the aneurism. It appears, though the description is not very clear, that the tumour in the right side was the original aneurism—that the parietes of this tumour gave way, and the larger aneurismal pouch was then formed. Finally, this last gave way, and death was the immediate consequence.—REV. MED.

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### 5. MILITARY HOSPITAL.

#### CURIOUS CASE OF HEPATIC DISEASE.

The following case, with the dissection, is recorded in Mr. Annesley's great work, recently published. It forms the subject of the 14th plate in that magnificent publication.

*Case.* Ed. Gorman, serjeant-major, aged 45 years, an old soldier, a hard drinker, and many years resident in India, had suffered repeated attacks of chronic hepatitis, and had been several months in ill health previous to his admission into hospital, on the 5th June. His legs were then much swelled—tongue foul—bowels constipated—complains of a confused sensation of pain about the loins—general torpor of upper and lower extremities. He was ordered aperient pills at night, containing a proportion of calomel. *6th.* Tongue foul—stools scanty, of an olive-green colour. Purgatives. *7th.* Stools more natural—other symptoms the same—purgation continued. *8th.* Much better. The swellings of legs subsided—pulse good, tongue clean—numbness in the hands continues, but is abated in the legs. Purgation. *9th.* Stools more fæculent—functions of limbs restored—complains of "a painful heat in his bowels." Purgation. *10th.* Stools more copious, fæculent, of a darker colour. Purgation. He went on, sometimes better, sometimes worse, till the 22d of June, when death closed the scene. The numbness and pain in the extremities continued more or less till the last.

*Dissection.* A considerable quantity of lymph was effused over the brain, which was soft and pale. Three ounces of fluid in the ventricles. "On opening the abdomen and thorax, the whole abdominal viscera were found inflated." The liver was very pale, and extremely small. On its surface was a large fissure, that marked the situation of a former abscess. The structure about this part was changed into a kind of cartilage. "The internal constitution of the liver was otherwise natural. When divided in the situation of the cicatrix, the cicatrization of the substance of the organ was evident through the greater part of its thickness." Some constrictions were observed in the small intestines, which were otherwise healthy. There was no ulceration in the large intestines, but the colon took several most extraordinary turns and contortions, from one side to the other, before it ended in the rectum. It appears from the plate—and, indeed, it must have been, greatly elongated.

*Remarks.* As the cicatrix in the liver, in this case, was not adherent to any part, the abscess must have burst into the cavity of the abdomen, and it would have been very interesting to have learnt the particulars of that illness. There is another case in the same work, where the cicatrix is immense, but not quite free from adhesion. This case we shall detail in a succeeding periscope. Was not the torpor of the limbs, in the above case, the consequence of the effusion going on within the head? The man, in fact, died of the cerebral affection, though that affection was probably induced by the hepatic disease—or rather the mal-function of the liver.

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### MISCELLANIES.

#### 1. ROYAL COLLEGE OF PHYSICIANS.

We have learnt, with considerable surprise, that meetings of the Fellows of

the Royal College of Physicians have been held, for the purpose of deliberating on measures to be taken against the Editor of this Journal, on account of comments lately published on the constitution and laws of that body. The Censors of the Royal College, in particular, have considered themselves as accused of dereliction of duty, and of venality in the discharge of their functions, by the observations made in the article on medical education, in the 4th fasciculus of this Journal. The writer of that article was particularly cautious in avoiding every expression that might, in the smallest degree, bear upon the personal conduct, or character of any individual, or class of individuals, belonging to the College. He confined his observations entirely to the effects of the constitution and laws of the College, (as handed down by their forefathers) on the progress of medical science—and did not even hint that these laws were either made, or badly administered, by the present race of Fellows or Censors. We understand that the Censors have considered our observations as reflecting on *them*, in their function of examining physicians for the licence, and as imputing to *them* certain mercenary motives, in passing over the said examinations, without proper attention to the qualifications of the candidates. No such interpretation can be fairly put upon our remarks. We argued, indeed, as an abstract principle, that the receipt of a revenue from the disposal of licences, in any corporate body, was a bad principle—"a principle which must incessantly *prompt* to extend the amount of sale, without *any* (we ought to have said *adequate*) reference to the qualifications of the purchasers." This is the head and front of our offending. We never said that any Censor, of this or that year, was seduced from his duty by the temptation which the laws of his college threw in his way. No. We carefully abstained from any such insinuation. We insisted on the evil *tendency* of the law; but never accused any set of men of giving way to this tendency. We have no hesitation, indeed, in saying, that the very Censor who has moved the College to proceed against us, has shewn that he could act in direct opposition to this evil tendency of the principle in question. So far from giving way to self-interest—or, what is the same, the interest of his College—he rejected one of the most eminent physicians of this metropolis, and thus deprived his College, for a time, at least, of the emolument derivable from the licence. The still more recent rejection of Dr. John Mason Good, was another example how far individuals will resist the influence of imperfect laws. But are we not to censure a bad principle, because there are men virtuous enough to act on an opposite principle? Are the laws of the College more sacred than the laws of our country? Does any one find fault with Mr. Brougham, for condemning laws enacted by that very senate of which he is a member? If no man be allowed to canvass or criticise a law that has once been passed—then no law can ever be abrogated afterwards. The College of Physicians have often altered their bye-laws—and surely this must have been on a conviction that they were not good. Why, then, should the College wish to destroy the liberty of the press, by persecuting a licentiate who investigates the tendency of other laws, not yet altered or repealed? We have never advocated the cause of revolution—we have never joined in the cry—"down with the charter," of this or of any college. No. We wish to see the original charter preserved in all its purity and simplicity—and we would certainly wish to see the bye-laws, instituted from time to time, in accordance with the spirit of the age in which they are framed. It was sagaciously remarked, by no less a personage than SANCHO PANZA, that—"it is safer for one man to steal a horse, than for another man to look over a hedge." So we have found it. Any word that drops from us, is taken up and canvassed with the most rigid scrutiny. But other writers may say what they please, with impunity. If we had put on our pages such a passage as the following—and that, too, from the pen of a most ardent advocate of the College,* the beadle would have been at our door in less than 24 hours!

"From the moment that the Corporation of Physicians submitted to this influence, (a recent influence which we shall not name) they lost the high ground on which their advocates had endeavoured to place them;—*they ceased to be the in-*

* Report says Mr. Fonblanc.

*flexible guardians of the principles transmitted to them by their predecessors. They had not adopted the reasonable rule, of relaxing the rigour of their bye-laws, in favour of* SUPERIOR TALENT; *but they sacrificed their independence to a petty intrigue."**

We ask the amiable and talented President of the College—we ask the Censors—we ask the Fellows, whether we have ever said any thing so severe as this?—The Editor of this Journal has only to observe, in conclusion, that if the President of the College will place twelve unbiassed and impartial physicians in the jury box, he will plead to the indictments which are about to be brought against him. But if he is cited before a tribunal, each individual of which unites in his own person the triple character of prosecutor, judge, and juror, he will be as mute as the marble busts of Harvey, Sydenham, and other of his departed brethren, ranged round the room where this scene is to take place. If the Editor has published, or suffered to be published, false facts or illegitimate conclusions, the press and the laws of the country are open to the College for redress. But, if the conditions of his licence preclude him from all freedom of thought and expression that may not be pleasing to the rulers of the said College, he will tender his license to the President, and fall *back* (if it be really a *retrogradation*) to that station in medical society, in which the greater and the best part of his life has been spent. To him, it matters not whether Dr. or Mr. be prefixed to his name. It is not the letter M, or the letter D—or the combination of these two letters, M.D., that can materially affect the residue of a life passed in the ardent (however unsuccessful) pursuit of medical knowledge. If the College, therefore, think that they shall enhance their authority or dignity by erasing his name from their list, he begs that they will not permit any private or personal feeling to interfere, for one moment, with the policy of the measure.

* The Jurist, No. III. Jan. 1828. In quoting this passage, we are far from agreeing with the writer of it, in his general principles. But we adduce the passage, to shew that even the College advocates can see defects in College administration.

## 2. DR. KELLIE ON TUBERCLES, AND THEIR EFFECTS ON DIFFERENT STRUCTURES.

(Dr. MONRO's Work on the Brain, vol. I.)

Dr. Kellie observes, that common tubercles may be formed—attain a considerable size—and long exist in any of the various structures of the body, without producing much trouble or sensible disturbance of function. But, when they become excited, inflamed, or suppurated, then they begin their work of disorganization in the contiguous parts, and produce trains of symptoms—more characteristic, however, of the injured function of the matrix of the tubercles, than indicative of the existence of the parasitic formations themselves.

"I have found tubercles in the serous membranes, and imbedded in the substance of the liver, of the spleen, of the kidney, of the uterus, of the lungs, of the brain, and of the cerebellum, in subjects in which no symptoms had indicated their existence during life. In young people, in children especially, from five to ten or twelve years of age, it is not uncommon to find tubercles of various sizes, and in various states of progression, co-existing in all or most of the organs in the same subject, who had enjoyed perhaps good, or very tolerable health, till within a very few days of his death. I found them in the brain, in the lungs, and in the peritoneum of one boy of seven years of age; in the brain, in the medulla oblongata, in the liver, in the spleen, and in the lungs of another boy at the age of nine; and yet these boys were active and well, and continued at school till within fourteen days of their death. Both died of Hydrocephalus acutus, passing, in the course of fourteen days, through all the stages of that disease, with nosographic regularity. In the latter boy, there occurred, indeed, during the last two days of his existence, a paralysis of the right side, and a spastic rigidity of the left arm, which enabled me to conjecture the probable existence, not of tubercles, but of inflammation and softening of the substance of the brain, as well as of the distension of the ventricles by serous effusion. Accordingly, besides the dropsy of the ventricles, I found two tubercles, each of the size of a garden-pea, hanging pendulous from the tentorium, two others of the same size in the medullary substance of the

right hemisphere, and one oblong tubercle, of the size of an almond, suppurated in its centre, and imbedded in the pons varolii."

This fine boy, till attacked with headache, fever, &c. about a fortnight before his death, was apparently free from disease—was active, diligent, and clever at his school! The following case is interesting.

"On the morning of Thursday the 2d of August, about half-past eight o'clock, I was requested to visit, as speedily as possible, a boy of the name of Bell, residing in Poplar Lane, who had a little before been suddenly attacked with violent convulsions. When I arrived, the convulsive struggle was over, but there was still an occasional subsultus of the muscles of the face and of the arms. He was insensible and comatose; the pulse was very rapid, and the heart was striking against the side with remarkable violence. My inquiries were answered to the following effect: That his age was six years; that he had been upon the whole healthy, never had a convulsive fit before, was not liable to headaches, though he was to coughs ever since he had had measles; that he was in perfect health, in so far as could be discovered on Tuesday; that he had taken his food that day, and had amused and occupied himself as usual, going to bed at the usual time without complaint; that, on Wednesday morning, when dressing, he complained for the first time of pain of the loins, and of that only; that, continuing to do so, and seeming listless and unwell, his aunt had, towards noon, given him a dose of Epsom salts, which operated four or five times, but without relieving him; that, on the contrary, though he kept out of bed all day, he complained more and more of the pain in the back and loins till night; that, towards eleven, he fell asleep, but frequently awoke and complained of this pain, and at length, towards three this morning, he seemed to suffer so much, that Mrs. Nichol, a midwife, residing in the same quarter, and an intimate of the family, was called to assist him; that she administered an enema, and observing what she called a great working about the breast, she applied two leeches to the sternum; that the excruciating pain of the back continued unabated; that he complained incessantly, and was extremely restless till eight o'clock this morning, when the convulsive attack supervened.

"Six ounces of blood were instantly taken from the arm; another enema was then administered, and a purgative powder was directed to be given in a spoonful of gruel, so soon as the patient recovered the power of swallowing.

"But he never recovered his sensibility. The spasmodic twitchings of the muscles of the face and arms continued to recur at short intervals; and at half-past noon there came on another general convulsion, which continued, with little abatement, till one o'clock, when he died.

"Next morning the body was examined. The general appearance of the corpse was that of a well-grown boy of his age. The medulla spinalis, to which my attention was first directed, on account of the excruciating pain complained of in the back and loins, very carefully examined in its whole length, exhibited no trace of disease in its substance, its membranes, or its vascular system. The spinal nerves were equally sound.

"In the cerebrum I found three tubercles, and in the cerebellum one. Of those discovered in the brain, one the size of a small chesnut was found adherent to the arachnoid of the dura mater, and buried in the substance of the convexity of the posterior lobe of the left hemisphere, from which it was withdrawn along with the dura mater, on raising that membrane in the usual way from the cerebrum.

"When the softened cerebral substance torn from the brain by the removal of this tubercle was washed from it, the tubercle itself, of the size and shape nearly of a chesnut, appeared somewhat nodulated on its surface: it was very firm, of a greyish colour, and invested by a membranous cyst, having evident vascular and membranous connections with the arachnoid, and with the brain. Other two tubercles were found, one in each hemisphere of the brain, imbedded in the medullary walls of the lateral ventricles in corresponding situations, a little above and between the corpus striatum and thalamus of either side."

Dr. Kellie has not met with any other case, in which a fatal crisis has so suddenly occurred at so early an age. In young people, the more common termination of such cases is by consequent

arachnitis and hydrocephalus—In adults, by inflammation and softening of the cerebral substance.

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### 3. POPLITEAL ANEURISM—SECONDARY HÆMORRHAGE.*

What a happy thing it is for the critical tribe, that the surgical catalogue of ills, contains two such diseases as hernia and aneurism! They are positively a Journalist's stock in trade, and were they, by some dire mischance, but once obliterated from the nosologic chart, he might lay aside his gall and grey-goose quill for ever, and his occupation, like Othello's, would be gone! We have lately touched rather fully on the subject of aneurism, but it is so wide and debateable a ground, the questions, in many instances, so obscure, and the disputes upon them so hot, that—

> To count them all, requires a thousand tongues,
> A throat of *brass*, and adamantine lungs.

The subject of the present case, a coachman, æt. 40, was admitted into the Middlesex Hospital, on the 22d of October, under the care of Mr. Bell, labouring under popliteal aneurism. He had always enjoyed good health until three months previously, when he had an attack of gout, and about a month prior to admission, had first noticed pain and stiffness in the knee, which gradually increased. He was kept quiet in the hospital, until the 3d. November, when the swelling and tension of the limb having subsided, the operation of tying the femoral artery was had recourse to. The vessel was secured at the upper portion of the middle third of the thigh, without much difficulty, a small branch of the anterior crural nerve, which crossed it in front being cut away, and the ligature, which was single, "passed through the eye of a small needle, and brought through the integuments an inch distant from the incision, on the outside."† In the evening the bandage was a little stained with blood, but he went on very well until the 8th, when the house-surgeon perceived a slight pulsation in the tumour. This appeared for several days, more perceptible at one time than another, but never very distinct, and finally appears to have ceased. On the 17th, the ligature could be drawn out two inches, and on the 18th, it was found loose among the dressings. During the night, secondary hæmorrhage took place, and before the house-surgeon arrived, eight ounces of florid arterial blood were lost. The tourniquet was applied, and when Mr. Bell arrived, he prepared to tie the vessel, but on loosening the tourniquet no bleeding took place. He waited an hour more, and then left directions that compression should be employed if the hæmorrhage returned. Next day, the wound was cleaned, and a small clot found at its bottom, which was not interfered with, but the limb was rolled from the heel to the groin, compresses applied, and the part directed to be kept wet. On the 21st, every thing appeared favourable, when a flow of 'dark coloured blood' again took place from the wound, a roller was applied round the the thigh below the wound, which was enlarged upwards for about three quarters of an inch, the artery dissected for, and pulled out with a blunt hook: a ligature was passed around it, but not tied; the tourniquet loosened, but not a drop of blood appeared. After waiting some time, without any hæmorrhage, the ligature was secured, the wound dressed, and the limb rolled. On the 3d December, 14 days after the application of the ligature, it separated, the wound discharging a good deal. From this to the 15th January, he went on pretty well, the wound, however, being extremely indolent, and suppurating rather freely, but on the latter day, a hæmorrhage of what appeared to be venous blood took place. It soon ceased, and since that period has not returned, although the wound still remains fistulous.

The reader cannot fail to be struck by the similarity between this case, and the recent one of Mr. Brodie's, about which so much has been said. It is very difficult, perhaps impossible, to assign any satisfactory reason for the hæmorrhage in either case, but no doubt if the ligature had, by some chance or other, been applied in this instance, within an inch or so of the profunda, certain *impartial* gentlemen would have "ejected" their five or six pages of abuse on the occasion. Mr. Bell,

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* Med. Gazette, No. 13.

† The object of this, we imagine, is—not to disturb the adhesion of the wound by the ligature lying in it.—*Ed.*

in a clinical lecture, delivered partly on this and partly on some other cases, has touched upon the question of hæmorrhage generally, and we shall take the liberty of noticing a few of his remarks.

Mr. Bell commences his lecture by some observations on the value of clinical instruction, in which we entirely agree, and only wish that it was more general than it appears to be. Mr. B. then alludes to the circumstances, both of them connected with death from uncontrolled hæmorrhage, which first drew the attention of the celebrated Guattani, and that modern "Tamerlane of surgery," as Dr. Barry very appropriately terms him, Sir Astley Cooper, to the study of their profession. These are pleasant topics, but alas! the *dulce* is not for critics, and we must pass them over, as we must a well told *hæmorrhagic* adventure of Mr. Charles Bell's own, occurring at—

that dread hour,
When church-yards yawn, and graves send forth their dead.

Mr. Bell asks himself, "how is a bleeding artery stopped?" and then proceeds to answer in the following manner. The blood is retained fluid "*solely* through the influence of the living vessel which contains it." This nescio quid, or living influence, according to Mr. B. resides in the inner coat, "for the moment the blood escapes from it, coagulation commences." This position is dwelt on again and again, and is illustrated by the well-known fact, that if an artery be merely cut or punctured, it will continue to pour out its blood ad deliquium, but if violently torn or contused, will frequently not bleed a drop. In the first instance, that of the clean cut, "the artery is opened without the disturbance of that principle of life, which preserves the blood liquid, and therefore the blood continues to flow," whilst in the latter case, we suppose the principle of life *is* disturbed, and therefore the blood does *not* continue to flow. In short, Mr. Bell conceives that the most important agent in the arresting of hæmorrhage, "is the influence of life which resides in the coats of the vessels and in the blood," and he laments, that this "essential" principle has been overlooked, and neglected by his contemporaries.

Now we are not among those who seem to consider the human body as a mere druggist's shop, a decoction going on in this organ, and a fermentation in that, but we do think that it is somewhat late in the day to revive the doctrine of the life in the blood. Upon the consideration of this theory we shall not enter, because, we believe, the opinions of medical men are pretty well decided on the subject; but we will just examine the power of this influence of life which resides in the inner coat of the blood-vessels. There cannot be a doubt that, in the greater number of aneurisms, the inner coat of the artery is ruptured, and this is a support, as far as it goes, to Mr. Bell's position. In many cases, however, the inner coat most certainly is *not* ruptured, and yet coagulation has taken place within the *dilated* vessel. Again, suppose the carotid artery dilated at its origin, and suppose a surgeon is called in, who resolves to immortalise himself by the operation of tying the vessel ultra tumorem. Well; the ligature is applied, the surgeon immortalised accordingly, and the patient dies, at the expiration of a certain space of time, of secondary hæmorrhage, from the upper portion of the artery. Upon dissection, the *dilated* portion of the vessel is found filled with coagulum, although the coats, inner and outer, are perfectly entire. We will take another instance; Mr. Bell, not liking the look of a ligature *ultra* tumorem, performs the operation for aneurism in the common way, or ties the artery on the face of a stump. This patient also dies, and the artery tied is found filled with coagulum, from the spot at which the ligature was applied, up to the origin of some large branch, a distance, we will say, of an inch and a half. These are not hypothetical cases, but in all of them is found a coagulum, and often a very considerable one too, where the inner coat of the artery was *perfectly entire*. Perhaps it may be said, "oh! but when the ligature is applied, an injury is done to the vessel, and the principle of life in its inner coat gets a shock, which disturbs the influence it naturally exercises on the blood." If this were the case, we should be glad to know why coagulation should stop at the origin of a large arterial branch, as when the femoral artery is tied immediately below the giving off of the epigastric, in which case there is little or no coagulum at all. But we meet

with a still more unexceptionable instance of coagulation taking place within an artery whose inner coat is sound, namely, in what is called the spontaneous cure of aneurism. In this case, the coagulum forms not only in the aneurismal sac, but in the vessel leading to and from it, frequently to a considerable distance. From these facts it is evident that this living influence residing in the inner coat of the blood-vessels is purely imaginary, and that whenever the blood is placed out of the *current* of the circulation, be it in an aneurismal sac, a dilated artery, or merely a tied vessel, it coagulates, or, if you will, it dies. We are willing to allow that coagulation takes place more speedily and effectually out of a vessel than in it; but this is a very different thing indeed from that mysterious agency of a vis vitæ in the blood or blood-vessel, which it is so easy to talk about, and so hard to understand.

We have dwelt so fully on this point, that our limits will scarcely allow us to allude to the other preventives of hæmorrhage, namely, the retraction of the artery—the contraction of its orifice—and the formation of a coagulum within it. With regard to the first, it is exceedingly important, as every body knows, in its effects, and when prevented, as in the nutrient canal of a bone, &c. often occasions serious consequences. Mr. B. observes that he has seen, in compound fracture of the leg, the nutritia tibiæ divided, and bleeding so profusely, as to induce the consultants to believe that the posterior tibial artery was wounded. The contraction of the mouth of the vessel Mr. Bell makes to depend exclusively on the action of the muscular fibres, but we doubt whether the elasticity of the coats does not also come into play. Upon the coagulum, which forms at the mouth of a divided vessel, stretching within it and around it, and forming a kind of cap upon its extremity, Mr. Bell offers nothing new. He recommends the surgeon not to trust to it in amputation of the breast, &c. but carefully to tie each vessel, and encourage the bleeding at the time, by warm sponges and the administration of a little wine, so as not to expose the patient to all the alarm and suffering attendant on secondary hæmorrhage. In this sentiment, we believe, most surgeons of the present day are agreed.

### 4. Chloride of Lime.

Mr. Davidson, of Glasgow, has published a few observations on this corrector of putrid effluvia in the first number of Mr. Mackenzie's Journal.

The following extract contains the particulars of this communication.

"It is an opinion entertained by many medical men, that the fœtor of intestinal gases depends upon the presence of sulphuretted hydrogen. Now, though it had not been proven by analysis, that sulphuretted hydrogen is seldom found a constituent of these gases, yet analogy would lead us to conclude that their fœtor depended solely upon the presence of putrid effluvia. For, if a portion of excrementitious matter be mixed with a solution of chloride of lime, the fœtor is instantly destroyed, in the same way as it would be, if the solution were applied to a sphacelating ulcer, or mixed with putrid oil. That putrid effluvia are totally different from contagious miasmata, is very evident; because the first can, with great facility, be detected by our senses, and exist in bodies which have no infectious properties; whereas the existence of the latter can only be inferred from inductive reasoning. And it is a begging of the question to maintain, that because chloride of lime destroys putrid effluvia, it must therefore necessarily destroy contagious effluvia, because both exist at the same time in the same animal body. It may be true that the chloride of lime can destroy contagious effluvia; but till it be demonstrated by rigid experiments and observations, we have no right to draw conclusions from such vague and unphilosophical analogies.

"There is no substance which destroys putrid effluvia so thoroughly as chlorine, or its compounds. Chloride of lime was first used in France, for this purpose, which certainly forms not one of the least important applications of this extraordinary compound.

"The following account is an abstract of a few cases in which the chloride of lime has been used:—J. S. has been affected with cough and expectoration for about six years, and is considerably emaciated. On the 25th October, 1826, he was affected with sloughy ulcerations in his gums, which emitted a very fetid

odour. A gargle was prescribed, in the proportion of two grains of chloride of lime to an ounce of water. This, used occasionally, kept the fetor in check, and the ulcerations cicatrized in about eight days. 2d. Mrs. C. in November, 1826, used mercury for a hepatic and dropsical affection, to the extent of copious salivation. A gargle, in the proportion of two grains of chloride of lime to an ounce of water, was used; which produced considerable smarting. It was afterwards reduced in strength, and a portion of refined sugar was added, which removed in a great measure its harsh taste. It was continued for a fortnight, and when used frequently, always had the effect of moderating the fetor. The same treatment has been adopted uniformly in all other similar cases, and with similar effects. 3d. Mr. M. was affected in December, 1826, with diarrhœa; fæces dark and very fetid. One teaspoonful of chloride of lime was ordered to be dissolved in about sixteen ounces of cold water; and the fæces to be discharged into the solution. He used it in this way for ten days, and affirmed, that in all cases it had the desired effect of destroying the fetor. This plan has been adopted in a variety of cases, during the late dysenteric epidemic, and in several cases of fever. 4th. A boy about twelve years of age has expectorated about four ounces of pus every day for three or four years. It seems to be discharged from a cavity in the right side of the chest; for the sound emitted on percussion is very dull in that situation. He expectorates the whole of the pus in a few minutes, and it occasions a very disagreeable fetor in the apartment. But by discharging it into a strong solution of chloride of lime, and afterwards gargling his mouth with a similar solution, much of the disagreeable fetor is destroyed. 5th. A blacksmith in Nov. 1826, received an injury on one of the joints of a finger, which produced extensive and fetid suppuration of the joint. The fetor was completely destroyed by moistening the dressings, (before they were removed,) with a solution of chloride of lime, in the proportion of two grains of the salt to one ounce of water. 6th. Mrs. V. was delivered in February last of her first child. The labour was very tedious, and there was high excitement during the latter stages. On the third day after delivery, she was affected with fixed pain in the uterine region, and very fetid lochial discharge. A solution of about two grains of chloride of lime to an ounce of water, was ordered to be injected into the vagina, two or three times a day. This treatment removed the disagreeable odour; and she completely recovered in about ten days. 7th. Mr. M. whose breath is naturally fetid, was directed to gargle his mouth and brush his teeth with a solution of chloride of lime, in the proportion of four grains of the salt to an ounce of water, with the addition of a small portion of refined sugar. It had the effect of removing the fetor of the sordes which accumulated about his teeth. 8th. J. L. died of diseased liver and dropsical effusion into the abdomen. On laying open the abdominal cavity, a very fetid odour made its escape; and adhered very tenaciously to the hands. After the dissection was finished, they were thoroughly moistened with a solution of chloride of lime, in the proportion of about six grains of the salt to an ounce of water, and afterwards washed with soap and water. To medical men, this is an important application; for after dissections, the fetor often adheres to the hands, most tenaciously, for many hours. A solution of a similar strength was poured upon the body, and the clothes in which it was wrapped were also moistened."

Dr. D. strongly recommends the use of this substance, both in public and private practice.

"In ptyalism," says he, "it is frequently of great consequence to many a young man, to remove the fetor of his breath, and to prevent the consequent discovery of his disease; and even where there is no reason for concealing the use of mercury, how agreeable to the feelings of the attendants would be the neutralization of such offensive putridity!"

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### 5. FEVER.

Three evenings of the Westminster Medical Society have been taken up in the discussion of the nature, seat, and treatment of fever. The subject was brought forward by Dr. Barry, on the basis of Dr. Clanny's experiments on the blood of typhous patients, alluded to in the 4th

Fasciculus of this Journal, and the humoral pathology was ably maintained by the former gentleman. We are quite unable to enter into the details of the arguments brought forward by the Humoralists and Solidists, on this occasion. All were agreed on one fact—the vitiation of the fluids in the course of the fever; but the grand point of contention turned on the question of priority, as to the nervous or vascular systems being the primary seat of fever—or, in other words, did the remote cause, say contagion or malaria, make its first impression on the nerves or on the blood-vessels? Dr. Barry, of course, argued for the latter; while Dr. Copland and Dr. Thomson contended for the neurological pathology of fever. In the second night's debate, Dr. Copland took an opportunity of fully developing his doctrine of fever, which supposes the morbific cause to make its first impression on the system of ganglionic nerves —especially on those distributed to the air passages in the lungs. From this source, he conceives, the morbid impression is transmitted to the cerebro-spinal system of nerves, and consequently that all the functions dependent on both systems become ultimately deranged—and the fluids contaminated. Dr. Thomson maintained, that the first impression was made on the nervous system—and that all the derangements of function and vitiation of fluids which followed, were *effects* of this morbid state of the nerves. Dr. Johnson argued, that an accurate observation of the phenomena which presented themselves to the senses, after the application of the cause of fever, whether a contagion, a specific poison, as that of small-pox, plague, &c. or a malaria, would not enable any unbiassed man to determine, that the nervous system was more particularly or more early implicated than the vascular apparatus. It was true, the phenomena of sensation came more clearly under our view at the beginning of fever, than any changes in the fluids could possibly do. We could hear a man complain of lassitude or pain in his limbs, but we could not see any poison that might have been floating in his veins, and acting on the nervous system for days previously. The period of incubation, or that period of apparent health which intervened between the application of a poison, say small-pox contagion, and its open manifestation, indicated that some contamination of the fluids was going on secretly all that time.

Mr. North, Dr. Ley, and Mr. Lambert declared their opinions, that the subject of discussion was totally useless, and could never bear, in the remotest degree, on our practice at the bed-side. This damper on the "march of intellect" was somewhat indignantly met by Dr. Barry and Dr. Thomson, who, though opponents in the controversy, now joined heartily in defending the propriety—the utility of discussions on the nature, seats, and causation of diseases, even although such discussions might not lead to a complete elucidation of any of the points discussed. In this sentiment the majority of the Society seemed to agree.

In the course of this discussion some therapeutical observations came out, which are not undeserving of attention. Dr. Copland advocated the propriety of emetics in the incipient stage of fever, as a remedy by which he had, in numerous instances, arrested at once the progress of the disease. On the other hand, he had seen oil of turpentine save the lives of great numbers, in the last stage of exhaustion, when no other remedy offered the slightest chance of success. Dr. Barry adverted to the very opposite plans pursued by the Portuguese physicians and the disciples of Broussais. In the Portuguese hospitals, there is an emetic room, into which the fever-patient walks, as a matter of course, when he first arrives, and there undergoes the necessary discipline. After the emetic, he has chicken-broth, and saline draughts alternately, through the whole course of the disease. Bleeding or any strong medicine is rarely thought of—and the general result is as favourable as under the most vigorous depletive measures of British practitioners. On the other hand, he has followed M. Broussais for weeks and months —he has seen his patients starved or leeched to death, so that, on dissection, any man might have read the smallest print through the coats of their intestines! Broussais, of course, abhors the Portuguese emetic plan. Indeed he generally promises to cure all those who have not been poisoned by emetics and purgatives. Seeing, then, such diversities of opinion, and such empirical modes of treatment pursued, was it not (he said)

desirable to calmly investigate the seats and causes of fever, in order that the minds of youth and of practitioners might be emancipated from the fetters of empiricism at least, if they could not arrive at the exact truth?

In the third night's discussion, the debate was principally carried on between Drs. Ley, Copland, and Barry. Therapeutics formed the prominent subject of investigation, and the efficacy of oil of turpentine in puerperal fever was warmly advocated by Dr. Copland, who seems to have had great success with this remedy In the latter stages of what he called *malignant* puerperal fever. He seldom gave more than half an ounce or an ounce in a draught—or double that by enema—and, in general, he did not give it more than twice in the same case. Fomentations of the same were also used. Dr. Ley seemed to view the remedy as one which relieved a particular and very distressing symptom of the disease—tympanitic distention of the abdomen. For such it was an admirable remedy; but he did not appear to consider the oil of turpentine as possessed of any specific powers against the dangerous disease in question. The utility of theory in fever was again agitated in the Society, and Dr. Barry, Dr. Copland, Dr. Ley, Dr. Johnson, and others, took active parts in the discussion.

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### 6. LITERARY JUSTICE.

Our readers will remember the charge made by Mr. Lawrence against Dr. Johnson, in our 4th Fasciculus, and Dr. Johnson's answer to that charge. The Lancet, with its usual justice, publishes the *charge*, but suppresses the *reply!* In place of the latter, the Lancet favours its readers with TEN COLUMNS of blackguard abuse of Dr. Johnson, including, at least, one whole column of downright falsehoods! If we gave the Lancet a large weekly fee for enhancing the character of this Journal and damning its own, no surer method of effecting both objects could be pursued than that which it has adopted. We earnestly entreat each and every of our readers to peruse the twelve columns (it always dedicates twelve columns to us) between page 448 and page 454, of the Lancet, No. 236, as the greatest compliment that this Journal has ever received since its first commencement. In what a predicament has the Lancet placed Mr. Lawrence! It publishes *his* statement—suppresses *ours*—and substitutes ten columns of abuse, lies, and garbled extracts! "There is such a thing as common sense;" and although there may be no justice in the Lancet, there is justice in the minds of professional men. For this last act we return unfeigned thanks to the Lancet. That journal has done Dr. Johnson more real service than all his friends put together. Perge pede quo cepisti.

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### 7. ERYSIPELAS.

Sir A. Carlisle has published some sensible remarks on this disease in the 14th number of the Medical Gazette, not, however, unmixed with some fanciful opinions. We find him an advocate for the union of physic and surgery—(a union which we have long advocated)—for the constitutional origin of erysipelas—for the humoral pathology of the disease (as "arising from vitiated blood")—and for its occasional epidemic character. "Assuredly (says he) the common source of erysipelas is improper diet, through which the blood is supplied with crude or noxious materials." Sir A. is fully convinced that excitement in the system, as from catching cold, only "gives activity to a previously existing morbific humour."

"Those violent eruptions, vulgarly, but not illogically, called surfeits, are the immediate consequences of one pernicious meal; and they generally display Erysipelas in its most malignant character; while moderate and habitual errors in diet mitigate the acuteness of the disease, and keep the patient in a state of continued liability to relapses, whenever exposed to any extraordinary vicissitude, and which thence assume either a mild or chronic type."

It must be allowed (as Sir A. justly remarks) that erysipelas is frequently *first* observed as a local affection, and apparently limited to the corion or true skin; "but the eruption is *always* preceded by some derangement in the ali-

mentary functions, and, for the most part, by loss of appetite, nausea, and constipation, followed by the other signs of incipient fever." As far as idiopathic erysipelas is concerned, we believe Sir A's observations are correct; but there are cases of traumatic erysipelas, where we cannot always trace this preceding disorder of the digestive apparatus. A man, not perhaps in sound health, or of an irritable constitution, receives a wound or hurt, and a few days afterwards, erysipelatous inflammation spreads from the injured part. "Perhaps all the varieties of erysipelas, says the author, are to be ascribed to the several deviations in the acrimony, or in the quantity of the exuding morbid humour, and in some degree, to the constitutional habit of the patient." Sir A. having examined the serous effusion under the skin, in a great number of cases of erysipelas, "always found it to contain a free acid." The following, in a few words, is Sir A's pathology of the disease in question.

"My views of Erysipelas, thus matured, are, that it is a humoral and constitutional inflammatory disease, occasioned by alimentary crudities; and because certain vegetable acids, and acidifiable viands, are often the notorious antecedents of the disease. I believe, as before stated, that the dominant error in the morbid fluids is acid."

We shall subjoin our author's therapeia. He does not like venesection, and prefers cupping, in plethoric habits; but the following is the plan of treatment on which he seems to depend.

"When the attack has been sudden, and the stomach is known to be loaded with crude food, an emetic of ipecacuanha is adviseable, and it should be immediately followed by a cleansing cathartic, given in reiterated doses until the lower bowels are thoroughly emptied. If the patient be of a full habit, and the pulse ample, abstinence from food and drink should be recommended, because the functions of the stomach are especially deteriorated in Erysipelas, and diluents promote all the alimentary fermentations. Mercurial purgatives are objectionable, because they produce putrescent excretions; and also, because of the uncertainty as to their injurious constitutional effects on certain individuals. Saline cathartics seldom cleanse the bowels effectually, and they mischievously augment the fluidity of the aliment.

"The purgative which I ordinarily advise is composed of one drachm of powdered jalap, two scruples of sulphate of potash, and half a drachm of carbonate of soda, mixed with eight ounces of infusion of senna; of this two or three table-spoonsful should be taken every second or third hour, until copious and cleansing evacuations are procured. From a conviction that alimentary acidity is generally prevalent and requires to be subdued, I give from ten to sixteen grains of sub-carbonate of soda every four hours, in barley water. If the mouth is parched, soda water proves very refreshing. Where great debility is obvious, the carbonate of ammonia, in doses from five to eight grains, should be preferred to soda; and three or four grains of aromatic powder may be joined with each dose."

As might be expected from the doctrine maintained by Sir Anthony, the local treatment of erysipelas is a very subordinate consideration. Free incisions are recommended, where the subcutaneous tissue has been "invaded by the morbid secretion." When sphacelus has taken place, the chloride of lime is spoken of in terms of the highest applause. "This estimable compound arrests the putrefactive fermentation; by which not only the local condition of the mortified parts, but the general health and comfort of the patient, are essentially benefitted." Dietetic regimen is strongly insisted on by Sir Anthony. Although much inclined to the humoral pathology, we can hardly help suspecting that the acid theory of the author is more fanciful than sound We agree with him in the general principles of treatment, excepting his futile objections to mercurial purgatives; and also in the view which he takes of the constitutional origin of the disease.

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### 8. Mr. ABERNETHY'S LECTURES

These lectures are now published through two, if not more channels—and they are still delivered, annually, to the largest class of students that is to be seen in this metropolis. That the doctrines, opinions, and practices promulgated and inculcated through these lectures, must have a very

extensive influence on the profession, especially on the junior orders, cannot be questioned; and if the matter of the lectures presents legitimate subjects of discussion, or even criticism, we think that no publication can better deserve an examination than that which is most universally read and most generally influential. We shall, therefore, take up the various diseases treated of in these lectures, promising that our comments shall be guided by no other feeling than a desire to establish truth.

### Physic and Surgery—Fever.

Mr. A. upholds the "unity and indivisibility" of physic and surgery—and then goes on to maintain, that the symptomatic fevers arising from local injuries are "exactly like those which Cullen has described under the heads of synocha, synochus, and typhus—and no physician can distinguish them from those which occur without any external injury." Again, he says—"I will venture to assert, that the fevers produced by local disease, are the very identical fevers which physicians meet with where there is no external injury." This doctrine we hold to be equally erroneous and dangerous. It presumes that the causes of fever make no difference in the character of the disease. This is a great error. Look at two men, one of whom receives a bayonet-wound in the chest—the other a malaria in Walcheren—or the contagion of typhus in the purlieus of Saffron Hill. Will the period of incubation, the invasion, the nervous and vascular phenomena, the duration, or the termination of the two fevers be *identical?* No! Is the fever resulting from the contagion of typhus, or the miasm of the fen, as much within the control of art, as the symptomatic fever arising from the wound in the lungs? Can we "put out" the typhus fever in two, three, or four days, by venesection, not measured by ounces, but by wash-hand-basins full? No, verily. If, then, the character, the course, and the treatment of the idiopathic and the traumatic fevers, are different, as we maintain them to be, how is Mr. Abernethy justified in the sweeping assertion, that they are identical? It is very true that, towards the fatal close of all fevers, whether symptomatic or idiopathic, the features approximate, and the character of the morbid phenomena becomes nearly, if not wholly, identical. But this is no fair reason for confounding them all together. The very description which Mr. A. gives, at page 7 of his first lecture, negatives its application to the great class of malarious and contagious fevers. There is no similitude between the symptoms of these last, and those resulting from a compound fracture, as delineated by our author.

Mr. Abernethy next proceeds to what is called the "*ratio symptomatum*" of sympathetic fever, which is summarily dispatched in the following manner. "Hang it, I need not trouble you with this; the symptoms explain themselves; they are the natural *consequences* of the excitement of the heart and arteries, *and the disturbed state of the digestive organs.*" This is certainly a very easy way of cutting the Gordian knot! The whole *ratio symptomatum* in fever is explained by excitement of the heart and arteries—and disturbance of the digestive organs. Whether this disturbance is a cause, or an *effect*, of the local and constitutional affection, we leave our readers to judge. It would not be worth our while to enter into an examination of this point, in the present instance. The treatment is still more easily managed.

"Treatment! there is no treatment. The disease is the necessary and natural consequence of the injury: it must inevitably take place:—You may mitigate, but you cannot cure it." What! there is no treatment—yet "you may mitigate" the disease! Is this not the *treatment* in the great majority of diseases? Can we in any case, take the ratio medendi out of the hands of Nature, and cure the disease by the main force of art? The lecturer goes on to say, that we must bleed in symptomatic fever; but really his observations are calculated to destroy the manufacture of lancets, to starve the increasing population of cuppers, and to revive the trade of leech-catching!

"Do not take away his blood, which is his life, for you may find after a certain time, that he will stand in need of every degree of vital energy to recover from the injury. I have seen a patient bled, and bled, and two or three days after, the medical man has been glad to throw in the bark, and try every means, when it is too

late, to give strength and vigour to the constitution of the patient."

Again, Mr. Abernethy says :—

"As the *fever subsides spontaneously on the third or fourth day*, when suppuration takes place, avoid bleeding the patient if possible. Give him diluent drinks and acids, such as lemonade, &c. for which he has a desire."*

Cleansing the bowels is properly insisted on, as a necessary measure. But, as the lecturer grounds his observations on a case of *compound fracture*, and that in a London subject, where he does not think a healthy subject is to be found, it is manifest that the didactic precepts, as far as regards fever, are extremely imperfect—not to say erroneous. London is not spread over the whole surface of the earth—and injuries are not confined to compound fractures of the legs of drunken draymen in the vicinity of Bartholomew's Hospital. What would have become of our soldiers and seamen in the late war, if the fever induced by the wounds of bayonets, bullets, and splinters, had been treated according to the *economical* principles inculcated in these lectures? If our medical officers had acted on these narrow principles of economy, in respect to bloodletting, we can only say that they would have verified the old adage—"penny wise and pound foolish." The lecturer remarks that purgation, by promoting the secretions, lessens the plenitude of the blood-vessels. "This is a fact which *those who have not studied anatomy and physiology cannot be so thoroughly acquainted with as those who have.*" The ancients were well acquainted with this fact, although very imperfectly versed in anatomy and physiology. But leaving this on one side, who are those against whom the above sarcasm is levelled? Against PHYSICIANS, of course! They can be supposed to know nothing of anatomy and physiology. Yet if we go into the medical societies of this or any other metropolis, we shall find that physicians are not behind the level of their surgical brethren, in anatomy, physiology, or pathology. No class of the profession should be singled out for animadversion. He who cultivates his art should be reverenced, be his designation what it may—he who does not keep himself on a level with the progress of science should be stigmatized, even if he were a teacher of the art. Medical knowledge is not restricted to names, grades, or ranks. It is a REPUBLIC in which TITLE will not *always* screen ignorance, nor HUMILITY *always* prevent the rise of merit.

* Is it not astonishing that a man, professing to be an accurate observer of nature, and a critic on the opinions of the most eminent physicians of the world, should maintain that a fever "*which subsides spontaneously on the third or fourth day*," is *identical* with that which physicians meet every day where there is no external injury—in other words, that this fever from a wound is the same as that from contagion or malaria!! Is this a doctrine to guide the rising generation of pupils, when they go into the country to practise their profession?

It is true that Mr. A. apparently recollecting himself, says—"if a man be shot through the body—if an internal and vital organ is injured and inflammation come on that organ," you must bleed repeatedly and decisively. "We do not, however, bleed here for fever, but for inflammation." Now by this passage, Mr. A. virtually gives up the identity of idiopathic and symptomatic fevers. According to this doctrine, we have no warranty for venesection, however high the symptoms of fever may run, unless we have evidence of inflammation of a vital organ! We are not to bleed for fever—but for inflammation. Mr A. ought to know that most violent fevers commence without inflammation—and if we did not bleed, in such cases, inflammation would assuredly supervene in some organ or structure. The doctrine is decidedly bad.

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### 9. INFLUENCE OF THE STOMACH ON THE BRAIN.

In a former paper we gave some account of a dissertation by M. Bayle, on the influence of chronic inflammation of the stomach and bowels in the production of mental alienation. In a second memoir, he adduces further examples of this influence, and winds up with certain conclusions or reflexions, which we shall briefly notice.

1mo. In a few cases, chronic phlegmasia of the mucous membrane of the stomach and bowels, is capable of inducing mental alienation—and, in *many cases*, it is capable of keeping up the mental malady, and modifying its character.

2ndo. Most of those who become deranged at the close of chronic gastro-enteritis, have inherited a constitutional predisposition to the disease from their parents. Their mental faculties are generally weak—the brain irritable. The dyspeptic and nervous sufferings of people labouring under gastric and intestinal irritation, tend very much to mental hallucination.

3tio. The anatomical characters of the gastro-enteritis which accompanies or causes mental alienation, does not differ from that which is unaccompanied by any mental aberration.

4to. The manner in which the gastro-enteric affection acts on the head is two-fold. When the pain of the abdominal malady is great, it is sympathetically propagated to the brain, and there disturbs its functions, in the same way as it is propagated to the heart, and produces the phenomena of fever. Hence the symptoms of mania. But when the gastro-enteritis is chronic, and less intense, or the cerebral system of the patient less disposed to irritation, then the dyspeptic sufferings of the individual gradually dispose to hypochondriacism—and hence arise various kinds of monomania—and especially the dread of being poisoned, with obstinate refusal of food, &c. These two forms differ only in degree, and they often pass from one into the other.

5to. This dread of poison and obstinate refusal of food are regarded by M. Bayle as the most constant and essential symptoms of mental alienation accompanied by chronic inflammation of the mucous membrane of the digestive tube. The two symptoms above-mentioned are "the expressions of gastric and intestinal sufferings in mental alienation." They may exist, he observes, without this condition of the stomach or bowels, but he has never seen a case where they were present, and where the symptoms of chronic gastro-enteritis did not shew themselves during life, or the traces of it were found after death.

6to. It follows from these premises, if they are correct, that the treatment of insanity, where these phenomena obtain, must be specially directed to the gastro-intestinal affection—and does not differ from that which is necessary or proper where no cerebral disturbance is complicated with the original malady. This treatment hinges almost entirely on repeated leechings of the epigastrium—mucilaginous drinks—extremely abstemious regimen—exercise in the open air—counter-irritation.—Revue Medicale.

Fanciful as the above doctrine may appear to those who look no farther than the organ *apparently* most affected, for the source of a disease, we believe there is some foundation for it in fact. The mental miseries resulting from gastro-intestinal irritation are but very imperfectly known even to the most experienced physicians. Nothing, in short, but actual personal sufferings can teach the terrible but instructive lesson!

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## 10. Irritability of the Air-cells—Asthma.

A perusal of Mr. Abernethy's lectures, as now published through more than one channel, is calculated to excite various emotions. There is a mixture of accurate observation, eccentric, not to say erroneous deduction, shrewd remarks, and humorous naiveté, which is altogether unparalleled in didactic instruction, and medical literature. It is our intention to give a running commentary on these lectures, which we hope to render somewhat interesting. The present subject is irritability of the mucous membrane of the air-cells, as one of the principal causes of that mysterious disease asthma.

Of the irritability of this membrane Mr. A. entertains no more doubt than of the irritability of the urethra—of which there can be no doubt.

"Ordinarily, respiration may be said to be a mechanical process; we enlarge the capacity of the chest by the *intercostal muscles*, and the air is forced into the lungs: we diminish the chest, and the air is forced out of the lungs, just as if you were using a pair of bellows. Ordinarily, respiration is carried on merely as a mechanical process; but,

extraordinarily, do we not find manifestations that air cannot get into the lungs, though we do endeavour to enlarge the chest? You know you never could lift up the board of the bellows, if you were to stop up *the holes that admit the* air, and why? On account of the immense weight of the *atmosphere*. Just so, if you were to put a rope round a man's neck, and stop the air from entering into the trachea; it is not the strongest man that ever lived that could afterwards enlarge that man's chest; to do that, would be to lift up an immense load of air. A man having irritable lungs, may be sitting comfortably enough at the fire-side, but a little smoke comes into the room, and he can breathe no more: he gasps for breath, he cannot enlarge the chest, and he finds the utmost difficulty in respiring; but where is the difficulty? Where is the sensation of pain and contraction? Why, in the lungs themselves; the hindrance is there; I believe it is all irritability."*

Passing over the error that respiration is carried on by the intercostal muscles alone, we cannot but see the want of analogy between the bellows and the lungs in this case. If, indeed, Mr. A. had said that irritation of the mucous membrane of the glottis, might throw the surrounding muscles into a state of spasm or contraction, and thus prevent the ingress of air into the lungs, we could readily understand him; because it is in this way that irritation of the urethra causes temporary or spasmodic stricture of that canal. But, when he says that irritation of the mucous membrane lining the air-cells causes contraction of the said cells, and shuts out the air, we are at a loss for the *quo modo*—unless he can demonstrate muscular fibres in the parietes of these cells. We are inclined to think that the true explanation will be found in irritation of the membrane lining the passages leading to the lungs (and which, as we said, are surrounded by muscles) rather than in the air-cells themselves. Be this as it may, it is very difficult to account for the phenomena presented by what are termed asthmatic people. Pure air *generally* relieves the dyspnœa, where there is no organic disease—but not always. Asthmatic people of London go about the streets "with their shoulders hitched up to their ears, and using every auxiliary to enlarge their chests." Mr. A. instances the case of a neighbour whom it was painful to see walk about, while breathing an impure air, as he appeared to be in imminent danger of suffocation. Such was his state in Bedford-row, but by the time he had got to the top of Gray's Inn-lane, in his way to his country-house, for a mouthful of fresh air, "he breathed perfectly well." But there are many others who breathe better in an impure than in a pure air. Mr. A. knew a man, "whose lungs were so asthmatical that he could never lay down in his bed at night," and he was advised to go to the South of France. He consulted Mr. A. "I told him what I tell every body else, that the best thing he could do was to take care of the state of his stomach." In about three weeks, he called again on Mr. Abernethy, and reported that he had done according to his directions, and that he had breathed the air of London for the above-mentioned period of time, without the least difficulty of breathing. He went back to his native air, which was on the top of a high hill—and he was nearly suffocated the very first night he slept there. Another man lived in a room which was filled with sulphuric acid gas, and found that "it relieved his difficulty of breathing in an amazing degree."

"I say that is whimsical; but all this leads to convince me, that there is a state of irritability in the lungs, and which proceeds from the state of the stomach too."

It is almost needless to say, that this physiology and pathology of the mucous membrane of the bronchia and air-cells, is extremely imperfect, and far from what we would expect from such a man as Abernethy. When we find a paroxysm of spasmodic asthma, as it is called, lasting for one, two, or three days, and ending in a copious expectoration, we cannot but conclude that a turgescent condition—a congestion, if you will—of the vessels distributed over this extensive membrane, had previously existed—and that Nature had relieved the dyspnœa, by the discharge of a copious effusion or exudation from the said membrane, in the shape of a muco-purulent expec-

* Lectures, page 375.

toration. The doctrine of mere irritation then, is, like many other doctrines, too confined and exclusive. It is not founded on an extensive and liberal view of the phenomena presented by disease.

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## II. DIAGNOSIS OF HERNIA.

A very animated discussion on this point took place at the Westminster Medical Society, on the evening of the 15th, and really some observations fell from one or two gentlemen on the occasion, which, as the Americans have it, would be exceedingly important, *if true*.

The subject was very ably introduced by Mr. Cæsar Hawkins, who considered, seriatim, the symptoms diagnostic of hernia—the tumours which may be mistaken for it, or combined with it—the contents of the sac, where a hernia has been proved to exist—and, lastly, these having been ascertained, their pathological condition. From this it is evident, that the field was a very extensive one, and we are sorry that our limits will not permit us to do justice to Mr. Hawkins' observations. With regard to the symptoms of strangulation, Mr. H. thought that it was exceedingly difficult to distinguish between them and inflammation of the intestines, or ileus, in *acute* cases; but, in the chronic forms, the diagnosis is by no means so difficult. Varicocele, or varix of the veins of the round ligament, a very rare disease, of which we detailed a case in our last fasciculus, is not unfrequently mistaken for omental hernia; but, by placing the patient in the erect position, and making pressure at the ring, the descent of a hernia is prevented, whilst the varices, if they exist, become turgid. Enlargement of the femoral vein, too, beneath the crural arch may counterfeit a femoral hernia. The diagnosis, however, is similar to that in the former instance, viz. pressure on the groin, which causes the vein to swell, but prevents the descent of a herniary tumour. Hydrocele, encysted hydrocele of the cord, especially the latter, and an enlarged absorbent gland, which is situated just within the external ring, may be severally mistaken for inguinal hernia, whilst it is well known that surgeons, even of eminence, have cut down upon a bubo, imagining it to be a femoral hernia. After noticing various other sources of error to which the practitioner is exposed, Mr. Hawkins proceeded to point out the distinctions between intestinal and omental hernia, which he thought of importance, especially in the more chronic cases. In the former, when the intestine is closely girt, purges may be useless, or worse; whereas, in epiplocele, they may prove of service, and, at any rate, we have more time afforded us, before having recourse to an operation. In the acute cases of intestinal hernia, Mr. Hawkins was of opinion that bleeding and the warm bath should precede the application of the taxis, as they tend to diminish the inflammatory engorgement of the tumour.

Dr. Somerville remarked that he had frequently seen patients die after the operation for hernia, performed apparently under favourable circumstances, when no organic lesion of any consequence could be detected after death. In such cases, the nervous system appeared to have received a shock, and the patients to have sunk under that state which has been designated by the name of "constitutional irritation." This was a most unfortunate phrase, for no sooner was it uttered than Mr. Lambert started on his legs, and expended we know not how much valuable argumentation, to prove that this "constitutional irritation" was a mere non-entity—an ignis fatuus in the Doctor's brain. Mr. Bennet observed that there is most certainly "a something," call it what you will, which supervenes even on trifling accidents or operations, and carries off the patient quite independent of any inflammatory process. Thus, in opening the abdomen of dogs, Mr. B. had seen them die in so short a period, that it was impossible for inflammation to have developed itself.

Dr. Duffin having related a case in which he had nearly mistaken an enlarged and suppurating gland, under very obscure circumstances, for an inguinal hernia, was attacked, unguibus et rostro, by Mr. Lambert, who declared, that the symptoms of strangulated hernia, were so decided, that no surgeon who knew any thing of his profession, *ought* to mistake them! Mr. L. was then asked by Mr. North to detail those symptoms of strangulation, seeing that they were

all so plain and palpable. At this question, Mr. Lambert seemed rather inclined to fight shy, but after a little coaxing on the part of Mr. North, replied that he was not inclined to place so much reliance on the local symptoms as the constitutional. These were obstinate constipation—vomiting—small hard pulse—tenderness of the abdomen. It was observed, however, that these symptoms might one and all exist, totally independent of any herniary tumour, and depend solely upon intestinal inflammation. In opposition to Mr. L's comparative neglect of the local symptoms, it was urged by Mr. North, with great justice, that surgeons in general, are disposed to place very considerable reliance upon them, and Mr. Lawrence, himself, attaches a good deal of importance to the condition of the tumour.

### 12. Ice to Aneurisms.

Baron Larrey has lately presented a memoir to the Royal Institute, on the treatment of aortic aneurisms, which consists in the adoption of Valsalva's method —starvation—and the application of ice to the region of the aneurism. Among many instances of success attending this treatment, we may cite the following. A soldier, after a wound, became affected with varicose aneurism of the crural artery. The volume of the tumour exceeded that of a man's fist, and "all operation was impracticable"—for what reason we are not told. The patient, however, was doomed to death, when the method of Valsalva (starvation, absolute repose, repeated bleedings) and the constant application were tried. Afterwards moxas were applied to the tumour. In the course of a few months, the aneurism was considerably, though very progressively, reduced. It was evident that the parietes of the tumour became gradually thickened. Finally, the canal of the crural artery was completely obliterated, and a cure was effected in the course of a year.

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